Fathers' Lived Experiences of Getting to Know Their Baby While Acting as Primary Caregivers Immediately Following Birth

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ABSTRACT

The aim of this study was to describe the meaning of the father's lived experiences when taking care of his infant as the primary caregiver during the first hours after birth, when the infant was apart from the mother due to the mother's postoperative care. Fifteen fathers were interviewed between 8 days and 6 weeks after the birth. The results describe a movement toward father-child togetherness characterized by an immediate and gradual change within the father as he undertakes increasing responsibility while getting to know his child. The results can be discussed in antenatal classes in order to integrate the father's important role in the care of his infant, especially in a situation where the mother-infant dyad has been interrupted.

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INTRODUCTION

During the past decades, professional and cultural attitudes have increasingly supported the father's coaching role in being present for the woman during childbirth (Draper, 1997; Premberg & Lundgren, 2006). In many societies today, mothers and fathers share the care and responsibility for their child, and fathers more often want to be there for their newborn (Fagerskiöld, 2006; Premberg & Lundgren, 2006; Waterston & Welsh, 2006). To meet this demand, the content of antenatal care and childbirth education has been changing over time from merely focusing on women's perspectives to also involving the view of the partner (Premberg & Lundgren, 2006). Today, fathers are encouraged to participate in antenatal care, including the ultrasound examination, because this examination is described as being part of the process of becoming a parent (Ekelin, Crang-Svalenius, & Dykes, 2004). Despite fathers' extended involvement in antenatal care, both parents report that fathers are often given a secondary role during childbirth education and antenatal care (Hildingsson & Rådestad, 2005; Premberg & Lundgren, 2006). Fathers have also experienced hospital policies that exclude them from postpartum care and do not encourage them to become involved with their baby (de Montigny & Lacharite, 2004). Fathers have requested support and

guidance for their role during birth (Finnbogadottir, Crang Svalenius, & Persson, 2003; Vehvilainen-Julkunen & Liukkonen, 1998) and after the baby is born (Fagerskiöld, 2006; Waterston & Welsh, 2006).

At the same time, the worldwide number of cesarean births has been increasing (Villar et al., 2006), widening the occurrence of mothers being separated from their infants for all or part of the first hours after birth because of postoperative needs (Rowe-Murray & Fisher, 2003). Cesarean birth is one example of a birth mode that challenges the well-described dynamic between mother and newborn when compared to normal birth (Kennell & McGrath, 2001; M. Klaus, Kennell, & P. Klaus, 1995; Rowe-Murray & Fisher, 2003). In this situation, the father's care can be a source of well-being for the infant (Erlandsson, Dsilna, Fagerberg, & Christensson, 2007). It is generally acknowledged that the baby is in need of close bodily contact, warmth, and attachment following birth (Bowlby, 1998; Klaus et al., 1995), and fathers can help fulfill those needs (Erlandsson et al., 2007). Other birthing situations that lead to the separation of mother and child include having a complicated childbirth (Berg & Dahlberg, 1998) and transferring the child to a neonatal ward (Erlandsson & Fagerberg, 2005). In such situations, fathers express their requests for support and guidance (Finnbogadottir et al., 2003; Vehvilainen-Julkunen & Liukkonen, 1998; Waterston & Welsh, 2006), emphasizing the importance of identifying and describing their experiences.

By further elucidating the immediate, postpartum experiences of fathers, childbirth educators and attendants can be aware of the needs of men as they care for their newborns. It is especially important to be aware of fathers' needs, given that they are, in some instances, thrown into unexpected situations (Berg & Dahlberg, 1998; Draper, 1997; Erlandsson & Fagerberg, 2005). In-depth knowledge and awareness of fathers' lived experiences (Dahlberg, Drew, & Nyström, 2001) in these circumstances has thus far been rarely studied; therefore, the present study aims to fill this gap.

METHOD

Study Design and Population

The phenomenological design of the present study aimed to describe the meaning of the father's lived experiences when taking care of his infant as the primary caregiver during the first hours after birth, when the infant was apart from the mother due to the mother's postoperative care. The concept of ''taking care'' is defined here as when a father is together with his child, and ''primary caregiver'' is defined as a father taking care of his child when mother and child are apart.

Phenomenology is both a philosophy and a research method. The purpose of phenomenological research is to describe experiences as they are lived in phenomenological terms (i.e., to capture the ''lived experience'' of study participants).

The present study was conducted at two maternity clinics in Sweden where a father's involvement in the care of his child during maternal-infant separation is routine. The specific inclusion criterion set for fathers was that they were the primary caregiver during the mother's postoperative care following the birth of a healthy infant born between the 37th and the 42nd week of pregnancy. Exclusion criteria were prematurity of the child, an assessed state of ill health in the child, or estimation that the mother's ill health would cause anxiety in the father (an event that would become a threat to the credibility of the study).

Immediately following birth, the infants were placed on their mother's chest during a time spanning from 30 seconds to 40 minutes before being separated. One exception was a child that had only touched the mother's cheek. Mother and child were separated while the mother's postoperative state was observed for retention of placenta, tear to the vagina or sphincter, or following cesarean birth. Participating fathers were between 28 and 54 years of age. All fathers had secondary school or higher education. It was their first to fifth child, and they all had participated in antenatal education for parents-to-be, offered by the maternity health service. The fathers took care of their child as primary caregivers during times spanning from a minimum of 1 hour to a maximum of 7 hours after birth. Each infant was cared for either skin-to-skin with the father, wrapped in cloths or dressed in clothes while cared for on the father's chest, in his arms, or in a cot. Before reunion with the mother, all participating fathers, except one, took care of their child in a room, a kitchenette, or a day room at the birth unit or the maternity ward. One infant, along with the infant's father, was transferred directly from the birth ward to the neonatal intensive care unit for care and observation. A midwife or physician checked intermittently on the infant, and the father could call for the staff at any time while taking care of his child. Each father received information from the midwife or physician about the mother's health shortly before reuniting with the mother.

Procedure

The regional ethical board provided ethical permission to conduct the present study. Medical superintendents at the two maternity clinics allowed the participating midwives to use their working hours for selecting and/or informing participants. Six midwives assisted in identifying participants for the study.

After couples were identified for participation in the study, the assisting midwife informed the father about the study by providing verbal and written information. Fathers were further advised that participation was voluntary, as mentioned in the written information, that they could withdraw at any time, that the interview would take about 1 hour, and that it would be recorded on audiotape. The university was suggested as the location for the interview. Informant confidentiality was guaranteed. Informed written and verbal consent was subsequently obtained from the fathers, signed, and sent to the primary investigator.

Two test interviews were performed with fathers known to the primary investigator before the data collection started. After the test interviews were conducted, the two fathers emphasized the necessity of choosing a calm place for the interview in order to enable participating informants to recall feelings and thoughts about their experience with their child. The test interviews were not included in the analysis.

After receiving the signed informed consent, the primary investigator contacted the 17 fathers by telephone in order to make an appointment for the interview. Some fathers wanted to wait a few weeks before the interview took place; others wanted a quick appointment. One father who had signed the informed consent form later declined participation due to a stress-related reason. Sixteen open interviews with fathers, spanning from 8 days to 6 weeks after birth, were then conducted. One interview was excluded from the analysis due to technical problems with the audiotape recorder, preventing verbatim recall. Fifteen interviews were ultimately included in the analysis.

Each interview lasted 45 to 90 minutes and took place either at the university or at the informant's home, depending on the father's preference. A series of demographical questions were posed before asking the fathers to tell their story. The main course of the interview included the following questions: ''Please, tell me about your experience of taking care of your baby during the first hours after birth when mother and child were apart. What happened?'' and ''Why did you take care of your child?'' The fathers narrated freely, and the interviewer imposed questions, such as ''How did you feel then?'' or ''What did you think then?''

The audiotaped recordings were transcribed verbatim with marks for silence, hesitation, laughs, and other expressions. Each transcript was then number coded.

DATA ANALYSIS

The implemented approach for analysis of Dahlberg et al. (2001), based on Giorgi's phenomenological method (Giorgi, 1997, 2000), was used for the analysis. The present investigators refrained from engaging their preunderstanding of the phenomenon in order to gain perspective during the research process. After six naive readings of the 15 transcribed interviews, a sense of the whole was captured: The infant's father experienced a range of feelings when he took care of the child.

Keeping the phenomenon in mind, the next step was to divide the text into meaning units, as in a movement from the whole to its parts. Altered meanings in the text were signified with a mark, and the meaning in each unit was then reflected upon and described with general language. In order to avoid theoretical explanations, everyday language was used on a concrete level to describe the meanings. Reflections on variations of meaning and on similarities and differences in the meaning units from all interviews made patterns recognizable. It became apparent that the lived experiences of the fathers were directed toward their own situation, their child, and the mother. Variations of the meanings as parts from all interviews were linked together and became clusters in a movement back to the whole (Dahlberg et al., 2001). Five clusters appeared:

1. ''To experience sympathy with the child'';
2. ''To experience concern about the child and the mother'';
3. ''To experience rollercoaster feelings'';
4. ''To experience trust and vulnerability''; and
5. ''To experience thoughts about life and the future.''

In the next step, reflection on variations and similarities between the five clusters made the general structure of meaning emerge, which did not vary between the clusters. Meanings from all interviews were synthesized into a description of a general structure.

The description was more abstract than the concrete meanings found in the meaning units and clusters. From the general structure of meaning, the essence of the phenomenon emerged, and the meaning constituents constituted the essence on a lower level of abstraction (Dahlberg et al., 2001). The constituents were ''balancing alienation'' and ''ambiguity of ability.'' After completing the analysis, the interviews and clusters were read through again to ensure specificity of the description and the interviews. The essence of the phenomenon, followed by the descriptions of its constituents, is presented below and includes quotations from meaning units supporting the constituents. Pseudonyms have been used for participants' quotations.

RESULTS

The essence of the meaning of a father taking care of his infant when mother and child are apart was the lived experience of alterability toward togetherness between father and child. This movement toward togetherness meant immediate and gradual alterability within the father himself, which made him gradually undertake the responsibility as he got to know his child. In this movement, the fathers were not bystanders, but they altered their participation as if walking on a path alongside their child. The fathers experienced alterability when the babies asked for attention and the fathers perceived the babies immediately and successively. Down this path, they experienced threats of anxiety over the mother's health, the baby's health, and their own distress in being alone with the responsibility for the care of their baby. As time passed, threats and distress altered toward confidence within themselves and for the baby. To be able to focus on their baby, the fathers actively put negative thoughts and feelings away. While focusing, they perceived that their confidence—being able to take care of their child—was enhanced, and the fathers' anxiety over the mother's and their child's health ceased as confidence settled in. Everything else ceased to exist when the fathers focused and wanted to focus on taking care of their child, signifying a meaning of the altered experience of time and space in the togetherness. Fathers were satisfied in being valuable and sufficient for their child in the togetherness, balancing an ambiguous emotional pendulum.

Balancing Alienation

The fathers experienced alienation in a sense of emptiness and longing for the infant's mother in a constant undertone of anxiety while, at the same time, having feelings of passion and happiness for the child. For example, John said, ''She was so little. It was like I could keep her in my hand, and slowly I realized that this child is mine.'' Together with their child, they experienced time differently; they perceived each passing second with their child. The rhythm was calm, the time passed quickly, and the fathers experienced that they were occupied by their own feelings, alienating themselves and their child from others while experiencing a readiness to constantly alter their participation. As Bill described, ''It was a very strong feeling that now it was the two of us [father and baby] that should make it, should make sure that the mother became healthy.''

Balancing alienation involved alienation within themselves and within women's birthing domain in the hospital environment. During the situation of alienation, fathers experienced uncertainty in not knowing what would happen next to themselves and the baby or to the mother. The meaning was that they were unprepared for taking on the full responsibility for their child. As Phil described, ''I became a little panic, panic-stricken, because. . . [sigh]. . .and in the same time, it was like, 'Help me, I am not so good at this!' '' The birth of the child took another direction than the fathers were prepared for, and they experienced that they were suddenly left alone with their child. The fathers experienced that they were supported by the hospital staff, who were always nearby and ready to act, if needed. The fathers dared to take practical initiatives into their own hands and experienced trust being in the hospital. As Ken noted, ''It was a lot of feelings and everything was new and in such situations information is alpha and omega to get confidence and peace.''

Alienation also involved the fathers' limited ability and lack of frames for their responsibility of taking care of the child, which made them passively be with their child, with a wish to be closer to the child or to dare to take action.

> *They showed us [the baby and me] to a room on the delivery ward and then they left and there I sat, in a chair with the baby in my arms. There was*

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a bed in the room but I became unsure, I did not want to disturb. Maybe someone else needed the bed, but really I wanted to lie down with the baby on my chest but I kept sitting in the chair. I unfolded the towel wrapped around the baby to be able to see the baby a little more [laugh]. (Jack)

The fathers balanced care for the child with their own needs, and they stepped back from their own needs as long as possible to be focused on their child. Sometimes, they experienced guilt toward the child when their own body demanded attention and they were too tired to give the child full attention. As Edward described, "I felt guilt, actually. I had the desire taking care of her [the baby] in a better way, but I was too tired." Balancing alienation involved experiencing a threat of anxiety when they had to wait for the reunion with the mother and the baby cried out from hunger and was impossible to comfort.

The staff came to check the baby and the midwife asked, "How long has the baby been crying?" I replied, "He has cried since I got my coffee, a couple of hours now." Soon after that, a doctor came to tell me that she [the mother] was about to wake up and was on her way to us [the baby and me], and I felt that now, she [the mother] was soon ready and I could calm down a bit. (Adam)

There were differences in how the fathers balanced handling the child when feeling alienated. Some fathers were more hesitant while others spontaneously cared for their child without consideration of anxiety, staff, other parents, or that the mother was not with them. These fathers experienced the greatness of presence. As Bill noted, "It was, yes. . .[sigh]. . .It was a little like the feeling I can imagine that a mother feels when she has given birth and the baby has just been put on her chest. . .. Miraculous."

The meaning of the fathers' limitations in the hospital environment was that the staff did not understand that the fathers were a resource for the infant's well-being—something the fathers considered themselves to be. The meaning was also alienation from other parents while taking care of their child without the baby's mother being present. To the fathers, a sense of disappointment was experienced when they were not confirmed as fathers, and a sense of happiness was experienced when staff and other parents saw them and confirmed them. As John described, "I felt very much that other parents became unsure. 'No mother!' Probably they did not want to ask. I felt like that because they did not talk to me. It was a strange feeling." For the fathers, this meant that at the same time as they wanted to be supported and confirmed, it was also a privilege to take care of their child alone. It was cozy and comfortable for the father to be close to his child by himself. The feelings for their child and the amazement over the togetherness they experienced alienated them from others and the world outside their togetherness. Taking care of their child enhanced their togetherness.

Ambiguity of Ability

Ambiguity of ability involved the fathers finding themselves to be secure, sufficient, strong, and capable of taking responsibility for their child and for taking action on behalf of the infant's well-being. When they could not, for various reasons, calm the baby by body contact and warmth, they experienced insufficiency. When the babies cried out from hunger, the fathers experienced feeling incapable of comforting their baby without the mother's breastmilk.

I remember that he slept for 40 minutes, then he woke up and it was impossible for me to make him stop crying. I said: "No, this is enough!" I take him with me to the postoperation ward and try to put him on her [the mother's] *breast so that he might suck and become calm.* (Peter)

Ambiguity of ability also involved insufficiency when taking care of the child and anxiety over hurting the infant's neck or fragile skin while handling their child with their hands. At the same time, the fathers were the guide and guardian for the child in an experience of being sufficient. The child confirmed them when the baby was calmed by their care, enabling them to take care of their child.

The staff showed me a place for me to rest at, but it was absolutely impossible because she [the baby] kept looking at me all the time with bright eyes. "Take care of me!" "Where am I?" [laugh]. She [the baby] looked so little and helpless that I could not do anything else but pick her up and definitely I could not go for a rest myself. (Ian)

The infant's fragile body and helplessness, as well as the infant's eyes, required that the fathers take care of their child, enhancing the experience of togetherness. The fathers tried to meet their infant's eyes or tried to be close to their child, even when the infants placed no demands on them. For the fathers, it meant waiting for the infant to be ready for togetherness, and they experienced themselves being insufficient and, yet, also at times being sufficient.

The fathers perceived that the foundation for the father's and the child's togetherness dwelled in the mother's early handling of the baby. These fathers took care of their child with words, songs, and caresses, but they did not hold the child. It was the mothers who first held the baby.

> *I started to handle the baby more then, because I felt that now she [the mother] had taken care of the baby first and at that time I could start; and I held him [the baby] in my arms and looked at him and I felt a lot better when both of us had seen him [the baby].* (Thomas)

When the fathers could not read their infant's eyes and movements, they remained passive toward the child. Ambiguity of ability, for the fathers, also involved being unprepared for a child who crawled and sucked on his breast, and the fathers found the experience easier than they thought it would be. They found that their infant smelled their familiar body odor and became snug; at the same time, the fathers experienced calmness and tiredness and that they knew their children better than the mothers.

The fathers experienced that their togetherness with the baby changed over time in the way they talked to their baby. Fathers started to speak out about their wonderment over the baby and, when time passed by, they changed their words in telling the baby about their own feelings, anxieties, and topics related to themselves, life, existential thoughts, and plans for the future. They shared their feelings with their child and, at the same time, they were happy and content that they had reached their goal: a healthy child they had the privilege to take care of. They also experienced searching within themselves and making promises. As Phil explained, ''I will give my children tremendous amounts of love so that they will never, ever doubt about it.'' To the fathers, the vulnerability of the mother and the fragility of the child meant a threat, sometimes in terms of doubt for their future life together as a family, and reduced happiness in the togetherness with their child.

> *I remember I was thinking that I will withstand being left alone with the baby, but it will be very heavy. It was a senseless and illogical thought that could be difficult to remove, but it was fairly easy at that time.* (David)

The fathers calmed themselves when, with words in their togetherness with their baby, they convinced themselves and the baby of a happy ending and a reunion with the mother, and their tension subsided.

DISCUSSION

This study aimed to describe the meaning of the father's lived experiences when taking care of his infant as the primary caregiver during the first hours after birth, when the infant was apart from the mother due to the mother's postoperative care. The essence of the meaning of a father taking care of his infant when mother and child are apart was the lived experience of alterability toward togetherness between father and child.

Fifteen fathers were interviewed, and they fluently narrated details and feelings that helped to illuminate how important this experience had been to them and demonstrated their need to talk about such matters. These findings are similar to those of Olin and Faxelid (2003) in their study of parents' needs to talk about the experience of childbirth. In the present study, the interviews took place between 8 days and 6 weeks after the birth and according to the fathers' wishes. Throughout the research process, bridling one's preunderstanding is important for being able to bring depth to the findings. It is difficult to be fully open, but with an intention of being sensitive, open, and perceptive (Dahlberg et al., 2001), we tried to stay in wonder before the phenomenon (Merleau-Ponty, 1945/2002), attempting to refrain from any influence of preunderstanding (Creswell, 1998; Dahlberg et al., 2001). After the analysis was finished, the interviews were reread, and the voice of the father's

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lifeworld was brought to expression as the essence and its constituents lent the study credibility. Additionally, the results were in line with other studies in the field, thereby confirming conformability (Paley, 2005). The description of the findings demonstrates trustworthiness when specific; however, one must be humble against transferability in that there is always something else to see, and the interviewed fathers were not representative of all fathers having experiences of taking care of their infants as primary caregivers immediately following birth. Yet, the findings can be useful for communicating the meaning of the phenomenon (Creswell, 1998; Dahlberg et al., 2001; Merleau-Ponty, 1945/2002).

The essence in the present study describes what could be understood as a phenomenological description of father-infant bonding (Klaus et al., 1995). In an immediate and gradual movement, the fathers undertook responsibility for their child as they got to know the child. This does not mean that the well-described mother-infant dyad (Anderson, Moore, Hepworth, & Bergman, 2003; Moore & Anderson, 2007; Walters, Boggs, Ludington-Hoe, Price, & Morrison, 2007) should be replaced; rather, it should be supported by a father's care, providing comfort and well-being for the infant when mother and child are apart. In the present study, the fathers took care of their infants as the primary caregiver during the first hours of the mothers' postoperative observation.

Alterability toward togetherness between father and child was an immediate and gradual movement toward togetherness, and the fathers were steadily in a process of being and becoming a father (Erlandsson, Christensson, & Fagerberg, 2006). An ability to be altered (i.e., alterability) could be defined as something that suggests making something change with regard to details, but staying the same with regard to substance. Alterability is similar to Løgstrup's (1971) description of how human beings gain trust in each other as modifying actions demanded by the other person. In our previous observation study (Erlandsson et al., 2006), we found that the fathers tried various possibilities for caring until they successfully interpreted the expressions of their baby, taking them further in the transition of fatherhood. The present study supports these findings, in which the transition of fatherhood was experienced as alterability when babies asked for attention and their needs were immediately and successfully perceived by the fathers. In wave-like motions, fathers successively took their child to themselves (Erlandsson et al., 2006).

The fathers in the present study experienced threats of anxiety for the mother's health, their baby's health, and their own distress about being alone with the responsibility for the care of the baby. Enabling themselves to focus on the baby, the fathers actively put negative thoughts and feelings away, balancing an ambiguous emotional pendulum and sense of alienation. As Merleau-Ponty (1945/2002) pointed out, humans only know themselves inherently in time and in the world in ambiguity. The findings of the current study support this reference because, as time passed, confidence took over as anxiety ceased as the father placed trust in himself and in the baby in a dimension that human beings share when consolation takes place—a dimension of joy, beauty, and life (Norberg, Bergsten, & Lundman, 2001). Everything else ceased to exist when the fathers wanted to and actually did focus on taking care of the child, signifying a meaning of altered experience in time and space. It could be understood that the fathers experienced temporality and existence as a sense of the future leaping into the past and coming into the present (Merleau-Ponty, 1945/2002) when the fathers took care of their child, consoled their child, and at the same time calmed themselves in their togetherness.

Balancing alienation yielded a meaning that the fathers' lived experiences balanced emptiness for the infants' mother when the birth situation eluded their expectations and imposed a need for immediate care of the child. This left the fathers unprepared. They further balanced a constant undertone of anxiety and, sometimes, threat and, at the same time, feelings of passion and happiness for the birth of their child. Some fathers spontaneously cared for their child while others were more hesitant. Alienation could be understood as the loss of a sense of togetherness (Norberg et al., 2001) within the fathers themselves and within women's birthing domain and the hospital environment. Loss of togetherness between father and child could also be understood by such an example as when the baby cried out from hunger and the father perceived the need as impossible to comfort with warmth and closeness. There could also be a loss of togetherness with hospital staff or other parents. This finding relates to a study about support to fathers by the child health nurse that pointed out fathers' needs for frameworks, support, and communication with

nurses (Fagerskiöld, 2006). Our study revealed that the meaning of the fathers' limitations with respect to the hospital environment involved experiences that the staff did not understand the fathers being a resource for their infant's well-being, something the fathers considered themselves to be. This action replaced the role previously taken on by the hospital caretakers. Interestingly, alienation with the baby at the same time enhanced togetherness with the father. The fathers experienced a readiness to constantly alter their participation. However, the calm rhythm, occupying feelings, and amazement over their togetherness alienated the fathers and the child from others. In this togetherness, everything else ceased to exist, and the fathers experienced a greatness of presence.

Ambiguity of ability yielded a meaning that the fathers' lived experiences of togetherness with their child changed over time, as expressed by words and actions, and they found themselves secure, sufficient, strong, and capable of taking responsibility for their child and of taking actions for their infant's well-being. They experienced themselves as the guide and guardian for their infant. It has been described previously that fathers who act as primary caregivers check technical equipment, as well as their infant's breathing patterns, and that they sometimes alert the staff (Erlandsson et al., 2006). The fathers in the present study found that their infant smelled the father's familiar body odor and became snug and that the fathers knew their child better than the mothers. This can be related to fathers' participation with the child in the kangaroo-care model that enhanced their interaction with a positive perception of the child (Magill-Evans, Harrison, Rempel, & Slater, 2006). In the present study, some fathers did not hold the baby while caretaking, because they perceived that the foundation for the father's and the child's togetherness dwelled in the mother's first handling of the baby with the intention to support the mother-infant dyad. However, from the infant's perspective, fathers as primary caregivers can provide a calming skin-to-skin contact and a chance for the baby to prefeed when mother and child are apart (Erlandsson et al., 2007) and, at the same time, enhance the togetherness between father and child. The importance of the father's care needs to be identified by professionals and parents in situations where the mother-infant dyad is interrupted; otherwise, the baby will not receive the close body contact, even though the father is present (Erlandsson et al., 2007).

CONCLUSION AND IMPLICATIONS FOR CARE

The current study describes the essential meaning of fathers' experiences while taking care of their newborn as the primary caregiver during the first hours after birth when mother and child are apart due to the mother's postoperative care. Routine care need not disturb; rather, it can support the immediate and gradual alterability within the father himself, which makes him gradually undertake responsibility for his child as he gets to know his child during the fundamental human movement of being and becoming a father. Findings from the present study contribute to previous knowledge of the importance of concrete information regarding the mothers' and the babies' health status, caring frameworks for the fathers within the hospital environment, and communication about the necessary expectations following the birth of the child. This study also contributes an understanding of topics that should be raised for discussion, with the intention of providing information in antenatal classes (e.g., the infant's breast-seeking behavior and the need for skin-to-skin care). Partners taking antenatal classes can reflect on the findings of this study in order to integrate their individual roles on behalf of their infant's well-being. Further research should investigate any influences on bonding over time.

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