# Paternal Fears of Childbirth: A Literature Review

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**ABSTRACT**

To date, most studies on paternal childbirth fears have been exploratory or descriptive, conducted outside of the United States, and focused mainly on White, first-time fathers. Identified fears include harm to the mother or newborn, partner pain, feelings of helplessness, lack of knowledge, and fear of high-risk intervention. Fathers often report that childbirth classes are not helpful and, in some cases, even increase their fears. Some fathers view birth as traumatic, changing their perception of and relationship with their partner. Fathers also voice the need for more information and for reassurance that they are doing the right things for their partner during childbirth. This article summarizes the research findings on paternal childbirth fears and recommends topics for future study.

*The Journal of Perinatal Education*, *18*(4), 12–20, doi: 10.1624/105812409X474672
*Keywords:* childbirth, fathers, paternal, paternal fears

Prospective mothers rely on their partner for strength and support during pregnancy, during childbirth, and after birth while raising their children. Western society expects prospective fathers to attend and assist their partner at the time of childbirth (Callister, 1995; Shapiro, 1987), and many fathers-to-be desire to be present during childbirth (Vehvilainen-Julkunen & Liukkonen, 1998). According to research findings, fathers believe their partner will do fine with childbearing and rearing, but they have doubts about their own capabilities in these areas (Chalmers & Meyer, 1996; Elster & Panzarine, 1983; Eriksson, Westman, & Hamberg, 2006; Szeverenyi, Poka, Hetey, & Torok, 1998). Because fathers play a key role in supporting their partner in childbirth and believe their supportive role is an important part of the process of becoming a father (Chalmers & Meyer, 1996; Chandler & Field, 1997; Chapman, 1991; Dellman, 2004; Johnson, 2002; Lavender, 1997; Vehvilainen-Julkunen & Liukkonen, 1998), their needs are equally important as the mothers' needs. However, the focus on paternal childbirth fears is relatively new. In order to evaluate current progress and ascertain future research needs, we conducted a literature search on articles published from 1994 to 2008, using CINAHL, Ovid, psycINFO, and PubMed electronic databases in addition to reference lists from selected articles. Key search terms

included ''paternal,'' ''fathers,'' ''childbirth,'' and ''childbirth fears.'' We reviewed pertinent articles in English and included them in our review based on each article's relevancy or currency and its ability to add breadth and depth of knowledge to the subject of paternal childbirth fears. Studies cited here describe fathers' perceptions of childbirth as well as their fears and coping mechanisms.

## KEY PATERNAL CHILDBIRTH FEARS

Most of the research related to paternal childbirth fears has focused on first-time fathers from White, middle-class backgrounds. Frequently expressed concerns are fear for the safety of the mother and the child, anxiety and fear from observing their partner in pain, feelings of helplessness, lack of knowledge about the process, risks of interventions such as operative delivery, limited finances, and inability to be a good father. Fathers identify health-care providers as their primary source of information (Chalmers & Meyer, 1996; Chandler & Field, 1997; Dellman, 2004; Gage & Kirk, 2002; Greenhalgh, Slade, & Spiby, 2000; May, 1994). However, fathers express the need for more support from health-care providers and reassurance that they are doing the right thing to support their partner during childbirth. They also express a desire for more information about what to expect during the hospital stay and more information about the feelings they will experience after birth and during infant care (Beardshaw, 2001; Dellman, 2004; Draper, 2002; Smith, 1999).

Chalmers and Meyer (1996) conducted a descriptive study using a pilot-tested postbirth questionnaire designed to determine what fathers think about pregnancy, birth, and parenthood. No measures of validity or reliability were provided for the questionnaire. White, first-time fathers ($N = 46$) were recruited through convenience sampling from two different hospital facilities in South Africa. Most fathers in the study were excited about the pregnancy, though they had significant fears of a newborn abnormality, their partner's pain, and their partner or baby dying. Other frequently reported paternal fears were fear of labor, operative interventions including episiotomy, not being a good father, and loss of marital closeness.

Chandler and Field (1997) conducted in-depth interviews with 14 first-time, high-income, White, Canadian fathers both prior to birth and 4 weeks after the birth. The authors reported that the fathers' fears were prolonged labor, the inability of their partner to cope, and operative delivery. The men described feelings of anguish over the pain their partner endured and of anger and helplessness when they were excluded from decision-making or denied the ability to provide support. Fear and negative emotions escalated with the length of labor and did not abate until birth was imminent. Fathers in the study also described the need to hide or control their emotions and fears from their partner.

Vehvilainen-Julkunen and Liukkonen's (1998) descriptive study examined the experience of fathers who attended the birth of their child. The researchers examined what fathers felt during the birth and how fathers viewed the meaning of childbirth. The study included a nonrandom sample of 137 both first-time and repeat fathers at the University Hospital of Kuopio in Finland, all of whom had been present for the birth of their child. The fathers were asked Likert-type questions with five preset choices followed by open-ended questions about their childbirth experience. Cronbach's alpha was performed on questions related to the fathers' feelings and was calculated as 0.74. Health-care providers evaluated the instrument for content validity, and the instrument was pilot-tested before being used. Study results showed that of four main categories, the category ''feelings of discomfort'' related to fear, anxiety, and helplessness. The fathers' greatest concerns were related to how their partner would cope during labor and birth. The most common concern expressed by the fathers was an increased feeling of helplessness during labor and birth, followed closely by a concern for the well-being of the baby and by fear that their partner might die. Answers to open-ended questions revealed that the fathers were most fearful of their partner's experience of pain. Other fears expressed in the open-ended questions were feeling helpless and the fear of blood and operative interventions. The researchers found that fathers under 32 years old and first-time fathers were more uncomfortable during birth than older and more experienced fathers. The reliable and valid questionnaire in combination with open-ended questions, an adequate sample, and a high response rate (81%) lends credence to the study results.

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*Cronbach's alpha is a reliability index that estimates homogeneity or the internal consistency of a measure. The closer a score is to 1.0, the more accurate the measure (see Polit & Beck, 2004).*

Szeverenyi et al.'s (1998) quantitative study explored reasons for childbirth-related fears in couples. The researchers recruited 216 couples from an antenatal class in Hungary. During the first antenatal class, fathers were given a 52-item questionnaire developed by Ringler (1985). Responses about childbirth fears were rated on a 5-point scale rang-

ing from "absolutely not" to "very much." Reliability and validity for the questionnaire were confirmed prior to the study. Results of the study revealed a similar ranking of paternal childbirth-related fears to studies in other countries (Chalmers & Meyer, 1996; Vehvilainen-Julkunen & Liukkonen, 1998). The fathers' number one fear was that the mother would endure severe pain and suffering. The second greatest fear was the possibility of a cesarean or vacuum delivery, followed by having a baby with birth injuries and by fears of other complications, feelings of helplessness, inability to help, and stillbirth.

Eriksson et al. (2005, 2006) developed a questionnaire to examine experiential factors associated with childbirth-related fears in Swedish men ($n = 329$) and women ($n = 410$). The tool ranked fathers' level of fear and types of fear. Answers were ranked on a 6-point scale, with responses ranging from "no fear at all" to "very high fear." Thirteen percent of the fathers expressed an intense level of childbirth-related fear, and 59% reported a mild to moderate level of fear. Fathers with the highest levels of fear were asked to describe what worried them or what they feared in relation to childbirth. Their answers were analyzed using content analysis. The most commonly expressed fear was for the health and safety of the baby (79%). This fear included the possibility of a deformed, disabled, or handicapped baby, or death. Concern for the health and safety of their partner (injury and death) ranked second (49%), and fear of the labor and birth process (long labor, partner's pain, interventions) ranked third (37%). The fathers also doubted their own child-rearing capabilities but rarely feared for their partner's ability to raise their child.

Eriksson et al. (2005, 2006) reported that, in their studies, fathers with intense childbirth-related fear tended to be older, and that questions with the highest loading factors of fathers' childbirth-related fear concurred with the paternal childbirth fear data described in previous ethnographic analysis (Chandler & Field, 1997). These questions were, "Pregnancy can feel like being in captivity waiting for torture" (Eriksson et al., 2005, p. 65); "I did not want to worry my partner so I said nothing about the fear I felt" (p. 66); "Fear related to childbirth is never spoken about" (p. 66); and "Childbirth is a risky situation" (p. 66). Fathers' reluctance to express fears because of the need to protect their partner has also been described in males who have experienced a postperinatal loss (O'Leary & Thorwick, 2006). According to Courtenay (2000), men often view admission of fear as a sign of weakness, and a reluctance to acknowledge fear may be an acculturated Westernized male gender response. Data for Courtenay's retrospective study was gathered 1 1/2 years after birth, and the reliability of a father's recall of the birth experience after that length of time is not known.

An interesting study from Poland examined the concept of family labor and birth (father present) with both participating (384) and nonparticipating (121) fathers (Wielgos et al., 2006). No reliability or validity data were provided about the anonymous 20-question survey that was given to the fathers within 3 days of birth. Participating fathers were most concerned about their partners' suffering. Nonparticipating fathers' reasons for not attending childbirth included an aversion to witnessing suffering, fear of fainting, lack of emotional readiness, fear of feeling useless, and fear of a decline in the quality of sex life. To date, Wielgos et al.'s investigation is the only study that has sought to understand why fathers, if given the choice, do not attend childbirth.

Many of Eriksson et al.'s (2006) findings were supported by White (2007), who used phenomenology to explore the phenomenon of post-traumatic stress disorder following the witnessing of what the fathers felt to be a traumatic birth. White's study took place in New Zealand. Sampling was purposive and obtained through the Trauma and Birth Stress support group's Web site (Trauma and Birth Stress, 2006) and other sources such as television, newspaper, radio, and word of mouth. A total of 21 fathers (18 White, 2 Pacific Islanders, 1 Maori) participated in the study, and their narratives were collected either verbally or in writing, depending on each participant's preference. The participants' exact ages were not reported, but they ranged from early 20s to 60 years old. Four main paternal childbirth themes emerged from their narratives. In the first theme, "Not a spectator's sport," fathers described how they felt pressured by society to be present, but as a spectator rather than a participant. They did not feel emotionally prepared for the experience. The second theme, "It's about being included," described the men's experiences of being excluded from the relationship with their partner, as well as the men's feelings of alienation, belittlement, and depersonalization. The fathers wished to be supportive and helpful but were disempowered from doing so. They felt excluded during decision-making,

as if their opinion did not matter. Waldenstrom, Hildingsson, and Ryding (2006), however, reported that fathers whose partner gave birth in a birthing center felt more freedom to express emotions and were more encouraged by staff to be involved.

The third theme in White's (2007) study, "Sexual scarring," described paternal reports of psychosexual scarring. The fathers described how they would have a difficult time seeing their partner as a sexual being after witnessing the birth. White's results were similar to findings reported by Wielgos et al. (2006) and by Eriksson et al. (2006).

Finally, in White's (2007) study, when the fathers "toughed it out" they referred to holding back the fears they experienced during the birth. Some fathers feared the loss of their wife and their unborn child. They reported coping the best they could without revealing their fears to their partner. White captured the richness of the fathers' experiences in their own words. Additional qualitative research with specific ethnic groups could further validate White's findings.

Svensson, Barclay, and Cooke (2006) interviewed 205 expectant couples in Australia during pregnancy and after birth to assess their concerns, interests, and learning needs. Methods included repeated in-depth interviews, focus groups, participant observation of antenatal sessions, and surveys. Data collection took place at less than 12 weeks, at 12–28 weeks, at 28–40 weeks of pregnancy, and at 8 weeks after birth, using a different sample each time. Interviews were conducted with both partners present. The fathers in this study expressed concerns about labor, care of the infant, and the birth's effect on the relationship with their partner.

Johnson's (2002) prospective thematic analysis of interviews with 53 fathers who attended their partner's normal birth confirmed paternal confusion and fear, lack of preparedness for birth, and unpleasant memories regarding the pain of their partner's labor and the inability to assist with the pain. Role ambiguity was a consistent theme gleaned from the interviews. Nevertheless, fathers reported that they wanted to be present at future births. Being involved (e.g., wiping a brow, holding their partner's hand, or cutting the umbilical cord) made the fathers feel useful.

## PATERNAL COPING MECHANISMS

Greenhalgh et al. (2000) examined fathers' coping styles, experiences of labor, and the postpartum experiences. The researchers used a quasi-experimental design consisting of two naturally occurring groups recruited from two hospitals in England ($N = 78$) to determine if a father's attendance at antenatal classes impacted his childbirth experience, his emotional well-being, or his attachment to the baby. Fathers were contacted between 48 hours and 6 days after the baby's birth. The Experience of Childbirth questionnaire (Salmon & Drew, 1992; Salmon, Drew, & Miller, 1990), the Miller Behavioral Style Scale (Miller, 1987), and the Edinburgh Postnatal Depression Scale (Cox, Holden, & Sagovsky, 1987) were given to participants while they were still on the postnatal unit and again 6 weeks later.

Greenhalgh et al. (2000) discovered that fathers use blunting (avoidance of the anxiety-producing situation), monitoring (a form of seeking information and responding with action), or a combination of both as coping techniques. In their study, fathers who used blunting as a coping technique had significantly lower fulfillment and delight dimension scores on the Edinburgh Postnatal Depression Scale. Reports of low fulfillment and high distress during labor were associated with subsequent increased symptoms of depression in fathers. Higher rates of depression were also noted in unmarried fathers. Fathers who used monitoring as a coping method and attended antenatal classes had similar satisfaction and distress scores on the childbirth experience scale compared to fathers with similar coping mechanisms who did not attend antenatal classes.

## RITUAL TRANSITION THEORY AND PATERNAL ROLE ATTAINMENT

In addition to cataloging fathers' fears and coping strategies, several researchers applied what is known as "transition theory" to paternal role attainment during the vulnerable time of childbirth. The origins of the transition theory can be traced to Van Gennep (1909, 1960), a German anthropologist and ethnographer whose seminal work first described transition in terms of the rites of passage. According to Van Gennep, the stages of the rites of passage include a separation or a removal from the norm, a period of time when one is transitioning (liminal phase) between stages, and the final incorporation into a new stage in life. Van Gennep used the transition theory to describe maternal rituals of pregnancy and childbirth.

Draper (2002) used the theoretical framework of the rites of passage stages to better understand fathers' transition to fatherhood from their personal

perspective. According to findings in Draper's ethnographic study of first-time and experienced expectant fathers ($N = 18$), fathers accomplish the stages of transition in relation to their partner's transition to motherhood. For the men in Draper's study, transition to fatherhood began with the news of the pregnancy and progressed as the pregnancy progressed. The fathers began to see themselves differently, as did family and friends. Because they saw themselves in a different light, they began thinking about longterm implications and changing their behavior. With this re-evaluation of their role within the family, the fathers moved into transition, entering a state of limbo between life stages. Because the fathers did not directly experience the pregnancy, frustrations arose. Being between stages was potentially harmful and threatening for some fathers because they were neither in one state nor another. They no longer felt a part of their old world and had not yet transitioned to their new fatherhood role. Some of the fathers were helped through this stage of transition by attending the ultrasound and childbirth classes, which also enhanced their new social identity. However, feelings of vulnerability, powerlessness, and exclusion were particularly heightened during labor. The fathers expressed feelings of dislocation at the time of birth, and they did not know whether they should stay with their partner or remain with the baby.

Ritual transition theory supports the information gleaned from studies that demonstrate how childbirth can be a traumatic time for expectant fathers, during which they feel vulnerable, fearful for their partner and infant, and are in a transitional period that leaves them powerless, conflicted, and in limbo as a spectator without a traditional male role (Callister, 1995; Gage & Kirk, 2002; Kunjappy-Clifton, 2007; Shapiro, 1987). Lavender (1997) added that role conflict in combination with a marginalized position of status during childbirth leaves few ways for men to validate the transition to fatherhood. Draper (2002) reported that, among the participants in her study, the final transition to fatherhood was seen at the time of the infant's homecoming from the hospital, when the new fatherhood role became a reality.

## PATERNAL PRESENCE AND ROLE DURING CHILDBIRTH

Paternal fear of childbirth can impact fathers' ability to be emotionally and physically supportive of their partner and affect their ability to assume a fatherhood role during a vulnerable time of transition. Although men report being invited, pressured to be present, and in some cases forced into the childbirth arena, they are led to understand that they are still outsiders (Draper, 2002; Shapiro, 1987; Vehvilainen-Julkunen & Liukkonen, 1998). However, fathers often express a desire to be part of the laboring couple, not just a support person (Chandler & Field, 1997; Lavender, 1997). Chandler and Field's (1997) ethnographic study of 14 fathers found that attending the birth validates the pregnancy and the newborn. It helps fathers come to terms with their new role and transition into fatherhood. When questioned why they want to be at the birth of their child, fathers report that it is an important step in the process of becoming a father (Chalmers & Meyer, 1996; Vehvilainen-Julkunen & Liukkonen, 1998). Fathers also express the desire to be more emotionally connected with their child than their fathers had been, and they believe that their physical presence at the birth will be the first step toward accomplishing that goal (Gage & Kirk, 2002). However, fathers also express a need for additional information on caring for the infant, more encouragement of their efforts during labor and birth, and, for fathers who choose not to attend the birth, more frequent labor updates (Chalmers & Meyer, 1996; Elster & Panzarine, 1983; Vehvilainen-Julkunen & Liukkonen, 1998).

Dellman (2004), the most recent author to publish a literature review of fathers' experience of childbirth, examined studies published from 1980–2002. He reported that findings reveal fathers think childbirth is both distressing and wonderful. Fathers feel they are not living up to their role and, yet, they are confused about what their role is. They simply do not feel like they know what to do. Dellman's findings were supported by White (2007), who stated that the father's role during childbirth has never been truly defined.

Despite the paternal role confusion reported by Dellman (2004), according to findings from Chandler and Field's (1997) qualitative analysis and from Kunjappy-Clifton's (2007) phenomenological study, fathers assume one of three roles during labor: coach, teammate, or witness. The role of coach requires active participation in the labor process. The teammate needs to be present to respond to the needs and requests of his partner. The witness prefers to take a more passive role as an observer. Kunjappy-Clifton's (2007) analysis of interviews with six fathers at 2–6 weeks postpartum confirmed the finding that

men continue to support their partner in one of the three roles described above.

Nolan (1996) documented a case study on one birth to compare the perceptions of the mother to the perceptions of the father. The father was excited at the onset of labor and was convinced his wife was in labor long before his wife believed so. As labor progressed, he expressed frustration at not being more helpful to his partner. He and his wife were very sensitive to the midwife's comments indicating her disappointment because of slow labor progress. The father gradually felt that his supportive efforts in the coach role were unrewarded, and he began to feel more distanced from his wife and the midwife. He felt conflicted between being a strong support person and expressing concern and confusion about the length of labor. He eventually replaced his support of his wife with attention to the monitor. Frustration eventually turned into anger due to the perceived or institutionally defined ''slow'' progress of labor. The father eventually expressed gratitude toward the midwife, who explained things more clearly to him.

## STRATEGIES TO DECREASE PATERNAL FEARS DURING CHILDBIRTH

A paucity of research addresses strategies to decrease paternal fears. Yet, many agree that men feel they lack information about the realties of childbirth and what to expect (Bartels, 1999; Beardshaw, 2001; Dellman, 2004; Smith, 1999). Fathers often state that childbirth classes give them neither the skills and information they need to feel prepared at the birth of their child nor the tools they need to support their partner and cope with their own fears (Bartels, 1999; Chalmers & Meyer, 1996; Dellman, 2004; Draper, 2002; May, 1994; Nolan, 1996; White, 2007). They report feeling childbirth education classes help mothers but do not support fathers' needs (Olin & Faxelid, 2003; White, 2007). They often seek information from television, videos, and family and friends (Kunjappy-Clifton, 2007). Fathers desire more direction than traditional childbirth classes provide (Dellman, 2004; Draper, 2002; May, 1994; Nolan, 1996).

According to research findings, fathers learn by observation rather than by trial and error, and an overabundance of information is overwhelming (Svensson et al., 2006). Fathers desire more direction from health professionals to guide them in their role during the birth (Premberg & Lundgren, 2006). The hospital may be an uncomfortable or intimidating place for many, and fathers may be afraid to speak, make decisions with their partner, or offer advice. Perhaps related to this viewpoint is that a majority of fathers' concerns when asked about birth relate to fatherhood, parenthood, and sexual activity, but not the birthing process itself (Callister, 1995; Dellman, 2004).

Friedewald, Fletcher, and Fairbairn (2005) developed a discussion forum including only expectant fathers to explore areas of importance for men. The forum focused, from a paternal standpoint, on topics related to pregnancy and childbirth, awareness of the importance of the paternal role during childbirth and the postpartum period, and discussion of issues of particular concern to men (male circumcision, breastfeeding, postpartum depression). The fathers participating in the forum were also attending routine antenatal classes with their partner. The 112 forums were conducted during a 2–2 1/2-hour session, separate from the mothers, and held during one of the antenatal classes. Three male educators conducted the sessions over the life of the program. The forums included 749 fathers and took place in New South Wales, Australia, over a period of 6 years. Groups ranged in size from 2–12, with an average group size of seven. Most of the participants were first-time fathers.

At the end of Friedewald et al.'s (2005) forum, fathers were given a questionnaire of five Likert-type questions regarding the helpfulness of the session, the effectiveness of the facilitator, the format of discussion, and the amount of time allotted to the men-only discussion group. Answers ranged from ''strongly agree'' to ''strongly disagree.'' The questionnaire also included two open-ended questions. Results of the questionnaire showed that 99% of the fathers found the sessions helpful in their role as a father. Elements fathers verbalized as particularly helpful included having a relaxing atmosphere with an opportunity for everyone to share his fears and concerns. The focus was on the fathers' concerns and their new roles, not the mothers' roles. They felt more at ease expressing their fears in an all-male group than they would have in front of their partners. The fathers found sharing their common fears gave them reassurance.

Premberg and Lundgren (2006) explored the meaning of the childbirth education experiences among 10 first-time Swedish fathers. Similar to Chandler and Field's (1997) findings, the fathers in Premberg and Lundgren's study perceived childbirth classes as being designed for women, and they

felt their participation was a secondary event. The fathers' thoughts were also consistent with findings reported by Friedewald et al. (2005): Fathers value and prefer small all-male groups for sharing information and experiences about childbirth. In general, most study results indicate that childbirth education is much more helpful and supportive to mothers than to fathers (Kunjappy-Clifton, 2007; White, 2007); men's desire for practical information and instruction regarding participation in the birth is not met in antenatal classes (Beardshaw, 2001; Chandler & Field, 1997); and, as in childbirth, fathers feel relegated to a secondary role during prenatal classes (Kunjappy-Clifton, 2007).

Using a variety of study participants in healthcare research, investigators have examined mantram repetition, which, according to Bormann and Oman (2007), is a complementary, spiritually-based, portable practice of silently repeating a meaningful word or phrase to manage psychological distress. Findings indicated significant improvements in lowering levels of perceived stress, anxiety, and anger (Bormann, 2005; Bormann, Becker, et al., 2006; Bormann, Gifford, et al., 2006; Bormann, Oman, et al., 2006; Bormann et al., 2005). A small study on the feasibility of mantram repetition indicates the potential for using this intervention to help new fathers and mothers manage their childbirth fears and anxiety (Hunter et al., 2009).

Other possible, though not evidence-based, strategies to decrease paternal fears during childbirth include postpartum debriefings for paternal discussions of childbirth feelings and experiences (Kunjappy-Clifton, 2007; Olin & Faxelid, 2003; Smith, 1999) and including the father's desired role in birth plans (Kunjappy-Clifton, 2007).

## SUMMARY

A majority of the reviewed studies on paternal childbirth-related fears were qualitative or descriptive. Most study participants were White, and the majority included first-time fathers. However, the number one rated fear for fathers remains consistent from country to country—the fear of losing their partner's well-being and the fear of a partner possibly dying during childbirth (Chalmers & Meyer, 1996; Elster & Panzarine, 1983; Eriksson et al., 2006; Greenhalgh et al., 2000; Vehvilainen-Julkunen & Liukkonen, 1998; White, 2007). An equally large proportion of fathers rate fear for the loss of well-being and fear for the health of their unborn child as their greatest fears (Chalmers & Meyer, 1996; Chandler & Field, 1997; Eriksson et al., 2006; Greenhalgh et al., 2000; Vehvilainen-Julkunen & Liukkonen, 1998). Among the most difficult experiences reported by fathers are observing the mother experience pain, feeling concern for the baby's well-being related to heart sounds, and a feeling of helplessness in regard to appropriate action that might be taken.

Based on findings from the reviewed studies, fathers experience a variety of fears related to childbirth. Some fathers feel that, rather than being a part of the childbirth experience, they are in the way. A small percentage of fathers express fears related to concerns over the safety and potential sexual health risk of episiotomy, to the risks of maternal morbidity, and to mortality from cesarean surgery. Some are concerned that the sight of blood might make them feel sick (Chalmers & Meyer, 1996; May, 1994; Shapiro, 1987; Vehvilainen-Julkunen & Liukkonen, 1998). An equally small percentage of fathers fear their child might be mixed up with someone else's child (Draper, 2002; Shapiro, 1987). A prolonged second-stage labor often increases fathers' stress, fatigue, fear, and hopelessness. The fear of a partner's inability to cope with a perceived lack of progress in labor may become a focus, along with the fear of a lack of support from a midwife or other professional as labor progresses (Bartels, 1999; Chandler & Field, 1997; Lavender, 1997). Following birth, reactions to parenthood fears are often reflected in changes related to lifestyles, sexual relations, and marital relationships, as well as in financial concerns (Chalmers & Meyer, 1996; Gage & Kirk, 2002; Shapiro, 1987). Although fathers may feel fearful during pregnancy and labor, they hide their fears from their partner, and the focus of their fears moves from their partner to their baby after the birth of the child (Chandler & Field, 1997; Lavender, 1997; May, 1994; O'Leary & Thorwick, 2006; Shapiro, 1987).

## RECOMMENDATIONS

Recently, researchers have placed increased emphasis on learning more about paternal fears and paternal roles during childbirth. Further studies are needed to assess institutional policies that marginalize the paternal role during childbirth, examine crosscultural paternal populations, investigate different childbirth environments, and evaluate fathers' role in providing maternal comfort and support (Bartels, 1999). Given the currently available data regarding fathers' perceived secondary, diminished

role in childbirth education classes, interventional studies may be prudent, especially in the development of educational strategies for fathers.

In certain cultural contexts, fathers can be an important and primary support person for the mother during childbirth. Their supportive role takes place at the same vulnerable time during their transition into the father role. Additionally, because of present institutional educational strategies, fathers feel fearful regarding a myriad of real and imagined hazards, as well as confused about their role during childbirth and unprepared for the actual childbirth event (Bartels, 1999; Friedewald et al., 2005; Premberg & Lundgren, 2006). Therefore, promoting the acknowledgment of paternal fears may require more innovative methodological approaches in future research.

There appears to be a discrepancy between what fathers are learning from childbirth education classes (with a focus on the mother and helping her cope), their health-care providers (who tell fathers they are an equal part of the process, but ultimately the provider makes the final decision), and media sources (which portray birth as painful but short-lived). Trying and evaluating new childbirth education strategies may help clarify the information fathers need and mitigate their paternal fears. Strategies may include antenatal classes that use the successful "promotora" model for men (in which a father mentors a father-to-be), father-facilitators in childbirth education classes or separate men's groups and breakout sessions with male mentors, and contemporary coping techniques for men.

Fathers' childbirth-related fears have been studied in many countries; however, study participants have been limited mostly to White, first-time fathers. Teenaged fathers, poor fathers, wealthy fathers, and fathers from a variety of ethnicities and cultural backgrounds or who do not speak English have rarely been included in research that examines paternal fears (Dellman, 2004; Greenhalgh et al., 2000). Furthermore, no recent studies on paternal fears have been conducted in the United States. To make study results of paternal fears more generalizable, additional research is needed, especially U.S. studies that include fathers representing various ethnic and cultural groups, ages, income, and levels of fatherhood experience.

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