Prenatal Parental Education From the Perspective of Fathers With Experience as Primary Caregiver Immediately Following Birth: A Phenomenographic Study

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ABSTRACT

The aim of this phenomenographic study was to capture fathers' conceptions of parental education topics, illuminated by their experiences as primary caregiver of their child immediately following birth. Fifteen fathers were interviewed between 8 days and 6 weeks after the birth of their child. Three categories, five subcategories, and 12 qualitatively different conceptions emerged from the study's findings. The first category showed that parental education emphasizes the importance of normal birth. The second category illustrated that parental education defuses the issue of complicated births. The third category demonstrated that parental education preserves traditional gender roles. The study's results may facilitate efforts to integrate fathers into parental education toward the aim of achieving parity between mother and father in their role as parents.

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Childbirth education for mothers-to-be started in Sweden in the early 1950s. Over the years, the involvement of the woman's partner in antenatal care and childbirth education has been extended (Fabian, 2008), with parental education being offered by antenatal clinics to prepare all parents-to-be for birth and early parenthood as part of political efforts toward equality (Svensk Förening för Obstetrik och Gynekologi [Swedish Society of Obstetrics and Gynecology], 2008; Swedish Government Official Reports, 1978). Furthermore, in preparation for parenthood, the partner is encouraged to participate in events during pregnancy (Ekelin, Crang-Svalenius, & Dykes, 2004; Hildingsson & Häggström, 1999).

Despite the intention to involve partners during the childbearing period, fathers have been described as having a secondary role during parental education and antenatal care (Hildingsson & Rådestad, 2005; Premberg & Lundgren, 2006). Furthermore, Hildingsson, Tingvall, and Rubertsson (2008) found in a Swedish national cohort study that fathers who were not supportive of women during early pregnancy were still uninvolved and unsupportive a year after the infant was born. The findings indicate that

fathers' early involvement during pregnancy might prevent a lack of support to mother and baby after birth (Hildingsson et al., 2008). Furthermore, a father's involvement in an early care-providing relationship with his infant may have a positive emotional effect in fathers, understood as bonding (Erlandsson, 2007).

In Sweden, parental education classes are attended predominantly by primiparous women (Fabian, Rådestad, & Waldenström, 2004). In the period 2003–2005, 80% of midwives working in antenatal clinics led parental education classes (Fabian, 2008). In a clinical context where the epidural rate in first-time mothers is 50% and cesarean surgery is increasing—now heading toward 20% (Swedish Medical Birth Register, 2007)—topics related to birth might, during pregnancy, be expected to be the first subject addressed in parental education (Fabian, Rådestad, & Waldenström, 2005). However, 40% of 1,055 Swedish mothers reported that parental education also prepared them for early parenthood (Fabian et al., 2005). Fabian et al. (2005) did not investigate whether parental education prepared fathers for early parenthood. In a review conducted by The Cochrane Library, the effectiveness of parental education for childbirth and parenthood remained unclear (Gagnon & Sandall, 2007). Consequently, in Sweden, investigators suggest that more research into the needs of parents for support in the childbearing period and an evaluation of parental education should be conducted (Bremberg, 2004; Fabian, 2008). The Swedish National Institute of Public Health recently published a qualitative survey of the support required by parents (Sarkadi, 2009).

Fabian (2008) identified areas for further study, including research into topics discussed in parental education classes from the participants' perspective. In an attempt to cover this gap, the aim of the present study was to capture fathers' conceptions of parental education topics, illuminated by their experiences as primary caregiver of their child immediately following birth.

METHOD

The current study used the phenomenographic method, which was originally developed by Marton (1981) in the field of learning to identify how different aspects of reality are conceived by different people. The phenomenographic method (Marton, 1981, 1986; Wenestam, 2000) inspired the design of the present study, with the aim of capturing fathers' perceptions of various aspects of parental education topics as an area of learning.

The concept of "experience as primary caregiver" was defined as the father taking care of his infant "immediately following birth," with the infant separated from the mother, who was in postoperative care for the first hours after birth. To be included in the study, the fathers should have taken care of their child immediately following birth between the 37th and 42nd week of pregnancy, when the mother was in postoperative care. Mother and child had to be healthy. Additionally, to be included, the fathers should have attended parental education classes before the birth of their child.

Study Participants

The study included 15 fathers who were between 28 and 54 years old and took care of an infant, ranging from their first to their fifth child, immediately following birth. Care took place between 1 hour and 7 hours after birth. The mothers were in postoperative care due to a variety of birth-related complications, such as retention of placenta with or without blood loss, rupture of vagina or sphincter, elective or acute cesarean surgery because of maternal and/or fetal indication, and spinal or general anesthesia. The fathers took care of the child in a room, a kitchenette, or a day room at the birth unit, on the maternity ward, or in a room at the neonatal intensive care unit (Erlandsson, Christensson, & Fagerberg, 2008).

All fathers had upper secondary or higher education. They had participated in different parental education classes offered by the maternity health service in Sweden. Four to six couples with knowledge of the Swedish language had met 4 to 6 times from gestation week 30 to 36. Each gathering lasted 1½ hours. The content of the parental education was guided by a report published by the Swedish Ministry of Health and Social Affairs (Swedish Government Official Reports, 1978). The following themes were addressed by the lecturing midwife, in line with the needs and suggestions of the participants: pregnancy, childbirth, early parenthood, personal development, partner relationship, and relaxation techniques. Both the woman and her partner were informed and invited to group discussions, and for one session a social welfare secretary was also invited.

Procedure

Ethical approval was obtained from the regional ethics board. Six midwives assisted the project

leader in identifying fathers who might participate. After fathers were identified for participation in the study, the assisting midwife provided them with both written and oral information and obtained their informed consent. The description included an explanation that the interview would be audiotaped and conducted by a researcher at the Mälardalen University in Västerås, Sweden, that participants could withdraw at any time, and that the interview would take about 1 hour. Participants' confidentiality was guaranteed.

Two pilot interviews performed at the university emphasized the importance of choosing a quiet place for the interview. The test interviews were not included in the present analysis.

After submitting signed informed consent, the fathers were contacted by telephone to make an appointment for the interview. Each interview lasted 45–90 minutes and took place at the university or at the participant's home, depending on the father's preference. In an attempt to help each father feel more comfortable at the beginning of the interview, a series of demographical questions were posed before the father was asked to tell his story. An exploratory approach was used for questioning (Marton, 1986). The initial questions were of a general nature: "What happened?" and "Why did you take care of your child?" and "What did you feel then?" or "What did you think then?" The fathers narrated freely and, thereafter, the interviewer posed the following requests: "Please, tell me about your experiences and conceptions of your participation in parental education" and "Please, tell me your views of parental education topics related to your experience." The fathers' responses inspired further questions from the interviewer, such as, "Can you explain that?" and "How would you describe that?"

The audiotaped recordings were transcribed verbatim and number coded. Fifteen interviews were included in the analysis.

Analysis

The first step in the analysis process was *familiarization*. In the first reading of the interview transcripts, fathers' conceptions were assessed with a view to capture, in accordance with the aim of the study, before the analysis continued (Wenestam, 2000). After several readings of each transcript, we became familiar with the data. It became apparent that the fathers' understanding of perinatal parental education topics was that parental education mainly focuses on the mother's situation.

Keeping the study's aim in mind while going through the text of the transcriptions, we identified 127 different *conceptions*. All data were inclusive.

The next step was *condensation* of conceptions; each father's conceptions were carefully examined for their meaning and described verbally. Then the refined text, retaining the essence of the fathers' statements, was analyzed.

In the next step, *grouping,* a comparison of similarities and variations in the fathers' conceptions was made. Similar conceptions were preliminarily labeled as topics for parental education. The parental education topics were "cesarean section," "separation," "complicated delivery," "breastfeeding," "the infant," "normal delivery," "evidence-based care," "skin-to-skin care," "the father's role," "the mother's role," and "parenthood."

In the next stage, conceptions were separated from other conceptions, and similar conceptions were put together and articulated in a condensed, collective *description.* In order to put together the final comprehensive description of the fathers' conceptions, we contrasted similarities and differences in the text. The conceptual description of the similarities and differences of the fathers' conceptions of parental education topics, which were illuminated by their experiences, constituted the *outcome space* with subcategories and categories. The *conceptions* within the *subcategories* described the varied ways fathers with experience as primary caregiver immediately following birth conceived of parental education. The *categories* were "Parental education emphasized the importance of normal birth," "Parental education defused the issue of complicated birth," and "Parental education preserved traditional gender roles in parenthood." Finally, the interviews were *re-read,* and the final comprehensive description was assessed as having captured the fathers' conceptions. The authors are in agreement on the findings of this study. Examples of analyses used in the study are presented in Table 1.

The quotations presented in the results section illuminate the fathers' different conceptions of parental education topics. Number codes are used to identify quotations from a particular interview transcript.

RESULTS

Three categories, five subcategories, and 12 qualitatively different conceptions emerged from the data, describing fathers' conceptions of parental education (Table 2).

TABLE 1
Examples of Analyses Used to Examine Fathers' Perceptions of Prenatal Parental Education

Familiarization	Conception	Condensation	Grouping	Collective Description	Outcome Space	Re-reading
Fathers' conceptions assessed for capture. Parental education mainly focused on the mother's situation.	"My opinion is we did not receive any good information of what would happen after a cesarean. It is so common and therefore it should. . .I believe I could have prepared myself better. . . I did not know. . . because Betty could not take part during the first days and did not get close, really. It was me and my baby."	Fathers perceived parental education did not prepare the participants for cesarean section and its effects on mother-infant bonding—something the father conceived of as necessary if he was to be properly prepared.	Cesarean section	Fathers reported nobody mentioned the effects of mother-infant separation on mother-infant bonding after reunion with the infant.	*Conception* Consequences for mother, partner, and child *Subcategory* Cesarean section and complicated birth *Category* Parental education defused the issue of complicated birth	Fathers' conceptions assessed after captured.

Parental Education Emphasized the Importance of Normal Birth

The first category, "Parental education emphasized the importance of normal birth," was represented by three subcategories. In the first subcategory, "Normal birth," the fathers' conception was that the parental education they received centered on the woman and empowered expectant parents to stay focused on the coming birth. In the second subcategory, "The role of the father," the fathers understood from parental education that their responsibility was to support the mother and to stay close to the mother and infant. In the third subcategory, "The infant," the fathers' conception was that although the parental courses they attended described the infants' prefeeding behavior, nothing was said about the opportunity for parents to interact with an alert, newborn child.

Normal Birth

Women in focus. Fathers conceived that they were prepared for what the prenatal educators and they, as parents-to-be, actually expected: a normal birth process. The fathers perceived that the normal birth process focuses physically and psychologically on the mother. As one participant noted, "Mothers first, and that may be right, but not always" (3).

Fathers reported that, at the parental education classes they attended, descriptions of the normal birth process empowered mothers and fathers and kept them focused on the coming birth.

Empower parents-to-be. Fathers reported that, at the parental education classes they attended, descriptions of the normal birth process empowered mothers and fathers and kept them focused on the coming birth. As one of the participants said, "The focus was on a normal birth. One expected everything to remain normal. It's like driving a car. You don't expect to have an accident; you expect everything to be all right" (13).

The Role of the Father

Supportive of the mother. The fathers' role in the normal birth process was conceived as being supportive of the mother when in labor and after coming home. While the mother was physically and psychologically weak and sensitive, the fathers were prepared to provide support with practical issues until breastfeeding was established. They were informed that, although the mother-infant dyad should not be disturbed, the dyad must be supported. As one of the fathers described, "We attended parental education and thought it would be a normal birth. My role was everything practical

TABLE 2
Categories, Subcategories, and Conceptions of Fathers' Perceptions of Prenatal Parental Education

Category	Subcategory	Conceptions
Parental education emphasized the importance of normal birth	Normal birth	Women in focus
		Empower parents-to-be
	The role of the father	Supportive of the mother
		To stay close to mother and child
	The infant	Prefeeding behavior
		Ready to interact
Parental education defused the issue of complicated birth	Cesarean section and complicated birth	A secondary subject area
		Consequences for mother, partner, and child
		Skin-to-skin contact
Parental education preserved traditional gender roles in parenthood	Being a parent	Emphasis on the mother as parent
		Outside the mother-infant dyad
		Involve the other parent

around mother and baby, the bed, the room, and such things'' (9).

To stay close to mother and child. The fathers' conception was that the parental education classes they attended emphasized the importance of normal birth but did not encourage fathers to stay in close proximity to the mother and child. Some fathers believed that being close to the mother and child enhances a deep relationship between the couple and their baby in the long run. The fathers' conception was that the infant, after being put on the mother's breast for a while, could later be put on the father's chest while the mother rested after giving birth. The following response by one of the study's participants conveys the significance fathers perceived in their desire to stay close to the mother and child soon after birth:

> *The midwife puts the baby on the mother's breast—of course she should! But later on, when the mother may need to rest, the midwife could tell the father, ''Please sit down; do this and do that.'' To be involved is very important! It is this isolation of fathers that otherwise often becomes automatic. One will miss so much at the beginning of the infant's life. In this way, one can experience a sense of unity [with the mother and child].* (12)

The Infant

Prefeeding behavior. Fathers reported that, in the parental education classes they had attended, they received information about the first hours after a normal vaginal birth when the baby, in skin-to-skin contact on the mother's breast, could crawl to the breast and suck. However, based on their own experiences following the birth of their child, the fathers believed the lack of time and the restrictive nature of routine care in the birth or maternity unit might disturb feeding behaviors and cause breastfeeding problems. For example, one of the fathers reported:

> *It was a pity; she [the baby] did not get the chance to suck at the breast right after the delivery, and she therefore did not suck at the breast until the next day. I wonder if she lost some of her normal sucking reflexes because she did not start sucking early.* (5)

Ready to interact. Some fathers said they had been informed in parental education classes that, following birth, the baby would only eat and sleep. However, as one father described his personal experience, ''I thought I would meet a tired baby, because it is a struggle to be born, but he [the baby] was unexpectedly alert'' (16). The fathers suggested parental classes inform expectant parents that they might meet a calm infant who is awake, alert, and ready to interact on the birth ward.

Parental Education Defused the Issue of Complicated Birth

The second category, ''Parental education defused the issue of complicated birth,'' was represented by one subcategory. In the subcategory, ''Cesarean section and complicated birth,'' the fathers conceived

that the parental education classes they attended only slightly mentioned cesarean surgery and other possible complications. The fathers believed that the topic of complicated birth should also include the consequences of cesarean surgery and its subsequent complications for the mother, the father, and the child after birth, as well as its subsequent complications and effects on skin-to-skin contact with the baby during maternal-infant separation, bonding, and breastfeeding.

Cesarean Section and Complicated Birth

A secondary subject area. The fathers' conception was that because no two births are similar and parental education cannot cover every possible outcome of an individual birth, cesarean surgery and complicated birth should be studied as a secondary subject area. The fathers believed that an expectant couple should receive information on complications and cesarean surgery not only during parental education classes but also on the birth or maternity ward. As one of the fathers noted, "The hospital is a safe place where you should receive guidance whenever a complication appears" (1).

Consequences for mother, partner, and child. Another conception of the fathers was that it is better to be prepared than unprepared for a childbirth event. The fathers also believed some birth complications are more common than others and, therefore, should be included in parental education classes. Topics the fathers believed should be included in parental education were cesarean surgery, separation between mother and child, the father's role with the baby during maternal-infant separation, and the effects of separation on attachment/bonding and on breastfeeding when the infant is reunited with the mother. One of the fathers' comments echoed similar reports from other participants in the study: "The parental education touched on complications such as vacuum extraction and cesarean section, but there was nothing about the consequences for mother, father, and child" (7).

Some fathers reported they had received information in parental education classes about what would happen to the mother after cesarean surgery. However, the fathers also reported they did not know what would happen to the father and the baby during maternal-infant separation.

From their individual experiences with mother-infant separation following the birth of their child, the fathers stated that information they received beforehand in parental education classes had a reassuring effect on the mother when she was separated from her child, because she knew the father could take care of their baby. For example, as one father explained:

> *I believe it gave her [the mother] a peace of mind during separation, when she knew that I was with the baby up there [on the maternity ward], with less stress and less pain. It created a coherent experience and a feeling of safety.* (6)

Based on their experiences, the fathers' conception was that a complicated birth, cesarean surgery, and maternal/infant separation not only led to a prolonged bonding process between the mother and baby but also delayed the time before the mother could breastfeed her baby. As one father expressed, "I would have liked to have had information in advance that Jane [the mother] would not be able to participate very much during the first days after delivery" (11).

Skin-to-skin contact. Based on their experiences, some fathers conceived that skin-to-skin contact with the baby created much more than just a safe, warm child. They also believed skin-to-skin contact provided fathers an opportunity to start the bonding process and, as one father described, begin a positive, long-lasting trend of bonding between father and child. The fathers believed that the positive effects of skin-to-skin contact should be discussed more fully in parental education classes. For example, one father stated:

> *There is probably already research showing the positive effects of skin-to-skin care. They [leaders of parental education classes] could talk a little about that, and the potential risk that the mother may not be able to keep the baby skin-to-skin. And if she cannot breastfeed, she can still keep the baby skin-to-skin, and so on. And if the mother should not feel well or if she is just tired or has to do something else, it is the father that should give the child the skin-to-skin contact that the baby needs.* (10)

Parental Education Preserved Traditional Gender Roles in Parenthood

The third category, "Parental education preserved traditional gender roles in parenthood," was represented by one subcategory. In the subcategory, "Being a parent," the fathers conceived that the parental

education they received emphasized the mother's role as a parent, but did not stress the importance of the father's involvement in the early stages of parenthood. According to the fathers in the study, parental education topics should extend beyond the mother's role as the traditional infant caregiver to include the father's role as the other primary partner in providing infant care.

Being a Parent

Emphasis on the mother as parent. The fathers conceived that the parental education classes they attended emphasized the mother as parent, with no emphasis on the father's responsibility or early relationship with the baby. For example, as one participant described, the fathers received the impression that "...the mother was the one that should raise the child, and the father could come and play with the child sometimes" (2).

Outside the mother-infant dyad. The message fathers received from parental education classes was that they should leave responsibility for the baby to the mother. The fathers believed that this approach might result in fathers taking on less responsibility. Consequently, one parent (most likely the mother) might then shoulder a heavy burden of responsibility for the baby's practical and emotional needs. As illustrated in the following comment from one of the participants, the fathers expressed concern about parental education classes neglecting the father's important role as a parent:

> *The only time the father was mentioned [in parental education classes] was when we received information about social insurance, including paternity leave; otherwise, the attitude was that the mother was having the baby, not that we together, as a couple, were having a baby.* (15)

Involve the other parent. The fathers reported that they had asked for group discussions in parental education classes about the importance of fathers and mothers sharing responsibility for the baby. Their conception was that, as a parent, it was important for fathers to be involved with their baby's care. The fathers believed that two parents should raise and provide security for their child, whatever might happen in the couple's future relationship with each other. This perception is reflected in the following comments from one of the participants:

> *My opinion is that a father can be as important as a mother for a baby, except that he cannot breastfeed . . . and I believe that it is good, both for the mother and the father, to get the feeling at once that both of them can experience the baby.* (14)

DISCUSSION

The present study aimed to capture fathers' conceptions of parental education topics, illuminated by their experiences as primary caregiver of their child immediately following birth. The findings illustrate the challenge for childbirth educators in creating parental education that suits all participants, as previously discussed by Ahldén, Göransson, Josefsson, and Alehagen (2008). The fathers in this study reflected on parental education in light of their experiences of complicated birth; however, fathers with experiences of normal birth might have reflected differently on the parental education and formed other conceptions. The fathers in the present study focused on their baby and their involvement as a parent, as has previously been described (Ahlborg & Strandmark, 2001; Ahldén et al., 2008). Although the sample size is small, the findings highlight these fathers' conceptions, mapping the potential for parental education involving both parents in group activities and lecturing (Ahldén et al., 2008).

Credibility (Polit & Beck, 2008) was strengthened in the present study when, before analysis, all interviews were read through to get a feeling for the scope of the fathers' views. Throughout the research process, we maintained a dialectic encounter between ourselves as co-investigators, and our intention was not to leave out any part of the topic studied. Moreover, in the analysis process of this study, we intended to include the complete range of variation in the fathers' qualitatively different conceptions that emerged from each interview. After completing the analysis, we re-read and assessed the interviews in relation to the final comprehensive description, with the intention of capturing how parental education was actually conceived by the fathers in the study. Our plan was to carefully and honestly describe data gathering and the analysis process to enable the reader to follow the research process (Wenestam, 2000). Moreover, the results were in line with other studies in the field, thus providing a measure of confirmability (Polit & Beck, 2008).

As in the case of all qualitative studies, one should be cautious and humble with transferability. Yet, the reader might transfer findings to other

situations identified as similar, as they generally contribute a deeper understanding of the topic studied. Credibility, comfirmability, and transferability create trustworthiness (Creswell, 1998; Polit & Beck, 2008).

The first category gleaned from the interviews, ''Parental education emphasized the importance of normal birth,'' captured how fathers understood parental education topics to prepare and empower parents-to-be for a normal birth process. This finding confirms results from other studies on childbirth education showing that parental education exclusively prepares for normal birth (Cliff & Deery, 1997; Stamler, 1998). Midwives in Sweden are responsible for normal birth, often in complex clinical settings. According to a recent publication from The Cochrane Library, women who have midwife-led models of care are more likely, compared with women who receive other models of care, to experience spontaneous vaginal birth, feel in control during the birth process, and initiate breastfeeding (Hatem, Sandall, Devane, Soltani, & Gates, 2008). Consequently, parents experiencing normal birth might provide the best evidence available (Hatem et al., 2008). However, in the present study, fathers stated that the parental education they received emphasized the importance of normal birth and that the situation of complicated birth was only briefly mentioned in class.

In the interviews' second category, ''Parental education defused the issue of complicated birth,'' the fathers conceived that no two births are similar and that parental education cannot possibly cover every outcome of an individual birth process. Therefore, according to the fathers, cesarean surgery and complicated birth should be studied as a secondary subject area.

In the present study, the fathers' conceptions were founded on their own experiences of complicated births when the birth situation imposed a need for them to take immediate care of the child. They recognized that medical interventions affect mother-infant bonding and the initiation of breastfeeding when the mother does not feel well enough to care for her baby. Consequently, the fathers requested information about how cesarean surgery and other possible complications affect mother-infant bonding and breastfeeding and how fathers can support the clearly described mother-infant dyad (Moore, Anderson, & Bergman, 2007; Walters, Boggs, Ludington-Hoe, Price, & Morrison, 2007) while the mother and child are separated and after they are reunited. A plan for fathers to help if the mother is not able to care for her baby might support fathers having some feeling of control in a frightening situation. An additional part of prenatal parental education could focus on helping parents understand the language of their baby. For instance, fathers helping mothers initiate breastfeeding might be proud of their ability to understand their infant's feeding cues and, thus, feel closer to their infant (Tedder, 2008).

Lack of postnatal issues in parental education has previously been described, in line with the findings from the present study (Fabian et al., 2005; Ho & Holroyd, 2002; Matthey et al., 2002; Schneider, 2001; Svensson, Barclay, & Cooke, 2006). In situations of separation, when early skin-to-skin contact with the mother and initiation of breastfeeding is delayed (Awi & Alikor, 2006; Chien & Tai, 2007), fathers can provide calming skin-to-skin contact, enhanced adaptation of infant breathing, and a chance for the baby to prefeed (Erlandsson, 2007). In mothers, skin-to-skin contact, breastfeeding, and bonding are combined; when the infant is reunited with the mother, the mother and child often require extended skin-to-skin contact and breastfeeding support in order to enhance breastfeeding and bonding (Nissen, 1996). Giving this information beforehand at parental education might contribute to reproductive health and well-being, in accordance with the World Health Organization's (1994) definition of reproductive health.

The third category gleaned from the interviews, ''Parental education preserved traditional gender roles in parenthood,'' captured how fathers see themselves as important as a parent and, at the same time, stressed how vital it is for fathers to be included, so that not all responsibility for infant care rests on their partner. This finding is confirmed by results from Hildingsson et al.'s (2008) follow-up study on partner support during the childbearing period. According to Hildingsson et al. (2008), it is possible to recognize a lack of support for women and, consequently, the need to involve the partner during pregnancy. However, the fathers' conception in the present study was that the parental education classes they attended did not involve them enough

In situations of separation, when early skin-to-skin contact with the mother and initiation of breastfeeding is delayed, fathers can provide calming skin-to-skin contact.

to make them feel included and acknowledged. They believed this neglect might send a negative message to fathers and, thus, result in their taking on less responsibility in fatherhood. According to publications from Sweden's National Institute of Public Health (Sarkadi, 2009) and a report from the Swedish Society of Obstetrics and Gynecology (2008), the Swedish maternity service needs to include gender issues in order to achieve parity between the mother and father. These publications suggest parental education classes include the topic of the relationship between partners and parental roles, which is similar to the suggestions presented in the views of the fathers in the present study.

CONCLUSION AND CLINICAL IMPLICATIONS

The present study contributes a number of conceptions on parental education topics, according to the perception of fathers with experience as primary caregiver immediately following birth. Information on the effects of mother-infant separation on the mother, their partner, and the newborn infant is emphasized. The importance of partner inclusion and involvement in parental education is stressed. The descriptions provided by fathers in this study might facilitate childbirth educators and maternity care personnel in their efforts to integrate fathers into parental education. When fathers are invited to participate in the clinical context, such as providing care during the antenatal, birth, and postnatal periods, it is important to listen to their ideas.

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