The transition to parenthood: what does it mean for fathers?

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Abstract

Title. The transition to parenthood: what does it mean for fathers?

Aim. This paper is a report of a study to explore the needs of first-time fathers in relation to the care, support and education provided by healthcare professionals during the antenatal period, particularly in relation to preparing them for the transition to fatherhood.

Background. Pregnancy and transition to parenthood are major developmental periods within families throughout the world. Previous research suggests that fathers in many different countries feel unprepared for parenthood.

Methods. Purposive sampling was used to recruit 20 partners of primiparous women from two healthcare provider organizations in South-West England between December 2005 and July 2006. Recruitment took place at about 28 weeks gestation. Semi-structured interviews were undertaken at home in the last trimester of pregnancy and 3–4 months postpartum. Content analysis of the interview data was undertaken.

Findings. Several common themes emerged from both the antenatal and postnatal data, including lack of support mechanisms, involvement in antenatal provision and the need for more information given in the antenatal period on parenting, baby care and relationships.

Conclusions. Adequately preparing new fathers for parenthood in advance of the birth of their baby is important, and healthcare professionals can contribute to this by involving and supporting new fathers. Further study is needed to explore the role of fathers in antenatal education and the types of interventions that are effective in improving their early experiences of parenthood. The study needs to be repeated with fathers from black and ethnic minority groups.

Keywords: antenatal care, fathers, first-time, health visiting, nursing, parenthood, postpartum preparation, transition

Introduction

Transitions are periods of change where there are shifts in lifestyles from one stage to another (Price *et al.* 2000). Pregnancy and the transition to parenthood mark a major developmental period with important implications for parents, for the infant–parent relationship and the infant’s development. Research has consistently demonstrated that the birth of a child is often a stressful event and brings about more profound changes than any other developmental stage of the family life-cycle (Cowan *et al.* 1985, Priel & Besser 2002). Fathers from many different countries, including Canada, England, Australia, America and Japan, have identified that they want information that is appropriate to

About 80% of Western men become fathers during the course of their lives (Neugarten 1968). In the past few decades it has become routine in many countries for fathers to be present throughout labour and the birth of their baby, often actively participating in a supportive role. The demands of new fatherhood are challenging, yet few models and little guidance or support are available to assist fathers. With healthcare provision aimed at optimizing the health of mother and baby, it is easy to see how the father can be neglected during this critical time in family development (Clement et al. 1997, Underdown 1998, Goodman 2005). If we are to promote positive fatherhood through effective preparation for parenting, it is important for us to understand the perspectives of fathers as well as mothers (Gage & Kirk 2002).

Background

Pregnancy is an important transitional period in a new parent’s life and relevant care, information and advice are important for new parents during that time. Various researchers have sketched the outline of a conceptual framework of the parenting process (Belsky 1985), and of fathering in particular (Draper 2003). A systems theory described by Cowan and Cowan (1992) depicts five dimensions: a parent’s anxiety about becoming a parent (the inner life), the need for a father to be more involved than his father was (the quality of relationships in the family), the demands of a job outside the home (stress outside the family), the negotiation of new roles and decisions within the family (the quality of marriage) and, because of the intricate connectedness of areas of our lives, the consequences of a change in just one area (the baby).


Studies on preparedness suggest that fathers feel unprepared for parenthood, that it may be helpful for prospective parents to have assistance in thinking of strategies that might help them through potential difficulties in the early postnatal period (Nichols 1995, Lee & Schmied 2001, Fletcher et al. 2004) and that they are ill-prepared for the impact of a baby on their lives (Condon et al. 2004). Paternal functioning is assumed to be multiply determined and related to three general sources of influence: the individual characteristics of the father, the social context in which parent–child interactions evolve and the individual characteristics of the child. Fathering also requires consideration of the broader social and cultural context in which the family is embedded (Levy-Schiff & Israelashvili 1988). There is insufficient empirical work on first-time father’s educational needs to help men to undertake the fatherhood role, especially in the antenatal period (Singh & Newburn 2000, Lis et al. 2004).

We are aware of no study in which men were asked for their views, both prospectively antenatally and retrospectively postnatally, about their educational and care needs in relation to the transition to parenthood. We hoped that by allowing men to describe their own thoughts and views we might develop a richer account of the kinds of support, advice and information that they might find helpful when becoming fathers and developing their parenting skills.

The study

Aim

The aim of the study was to explore the needs of first-time fathers in relation to the care, support and education provided by healthcare professionals during the antenatal period, particularly in relation to preparing for the transition to fatherhood and parenting skills.

Design

A cross-sectional study was conducted, using semi-structured interviews.

Participants

Purposive sampling was used to recruit 20 fathers from diverse backgrounds who were about to be parents for the first time. This number of interviews was chosen as it was practical for the short time-frame available for the study.
Community midwives in two healthcare provider organizations in South-West England were asked to identify all women on their caseloads with uncomplicated first pregnancies, who were supported by a partner and who understood English. The community midwives were asked to give a study information sheet to each woman at about 25 weeks of pregnancy and she was asked to give it to her partner. The research midwife contacted all those who gave their permission and arranged home interviews at around 28–30 weeks of pregnancy.

Data collection

The research midwife interviewed each man twice between December 2005 and July 2006, first in the last trimester of pregnancy and second at 3–4 months postnatally. Details about the men’s age, employment type and ethnicity were recorded. The semi-structured interviews were carried out using a topic guide, initially based on a review of literature and discussions within the project team. The aim of the guide was to ensure that the men were encouraged to express their expectations and views about becoming a father. It was used flexibly in response to the direction in which the men wanted to take the interview. Men’s experience of antenatal care, their avenues of support and sources of information are examples of subjects covered in the antenatal interviews.

The topic guide for the postnatal interviews was informed by the themes that emerged from the antenatal interviews. Postnatal interviews included topics relating to the men’s support mechanisms, retrospective views of advice and information that they would have found helpful to have been given in the antenatal period.

For the antenatal interviews 20 fathers were interviewed of whom 18 were re-interviewed between 3 and 4 months postnatally. One had moved away and the other was unavailable for the second interview. The interviews lasted an average of about 45 minutes (ranging from 25 minutes to 1 hour 20 minutes).

They were recorded and transcribed, and numerical codes were used to protect confidentiality.

Ethical considerations

The study was approved by the appropriate health service and university ethics and governance committees. Before the interview the research midwife discussed the study, assured confidentiality and ensured that the men understood that they could withdraw from the study at any time with no adverse effects on the care that they or their partners would receive. She also asked permission to record the interview and a consent form was signed.

Data analysis

Each interview tape was listened to and transcripts read several times to develop a sense of the content. The data were analysed manually using content analysis after categorization into main sub-headings (Morgan 1993, Pope et al. 2000). A thematic analysis was then conducted.

Rigour

Data validation was achieved by feeding the themes back to three of the men who attended an evening postnatal support group session. They confirmed our findings and reiterated the need for information specifically for fathers and a DVD for new parents. The findings were also fed back to the community midwives to ascertain whether they considered that the themes reflected the reality of new fatherhood in a wider context. The community midwives considered that the aspects highlighted by the men probably reflected men’s experiences of new fatherhood in a wider context.

Findings

The men interviewed varied in age from 19 to 37 years and all were White-British, apart from one Asian and one Brazilian. They had a range of socio-economic backgrounds, came from several different geographical areas in the two healthcare organizations, and their employment status ranged from manual work \((n = 7)\) to professional \((n = 6)\). There was also one student, one who was unemployed and another who was receiving state incapacity benefit.

The themes that emerged from the antenatal interviews were: support, both received and available; the sources and quality of information received; and experiences of antenatal healthcare provision and lack of involvement in it. Postnatally, issues were anxiety around the time of the birth; lack of preparation for the postnatal period; lack of practical information about baby-care, and the challenges of the changes in relationships with partners. The men also expressed feelings such as fear, excitement and joy about becoming a father. These themes will be discussed below, following the transitional process from pregnancy to fatherhood, rather than in the order of importance.

Information

The men identified two aspects of information that were important, one was the information itself, the content, and the second was the form in which it was presented. Their
comments usually incorporated both elements and therefore these have not been discussed separately.

The men’s main source of information was from discussions with their partners about their antenatal appointments and classes. The numerous information leaflets handed out by midwives throughout pregnancy were found to be useful, but, ‘The Pregnancy Book’, (DoH, 2007) was singled out as being particularly thorough, helpful and easy to understand. The men mentioned work colleagues and the internet as two other important sources of information, whilst family and friends were valued for their knowledge and experience, often giving or lending books. The Haynes Baby Manual (Banks 2003) was the only publication mentioned that was aimed at men:

Oh, I’ve got my Haynes manual...It’s the Haynes manual for babies, a guy at work whose wife had a baby recommended it to us. (antenatal interview)

Apart from this, frustration was expressed at the lack of information intended specifically for new fathers.

Involvement in healthcare provision

Despite feeling very involved with their partners’ pregnancies, men’s experiences of antenatal healthcare provision were very disappointing, and they often felt excluded from antenatal appointments and classes. Although they understood why these needed to be largely woman-focused, they would have liked some content that was aimed at them so that they could feel more involved. They felt that they, personally, should also be given contact telephone numbers for the healthcare professionals:

The classes are a great help, but if you’re not involved in it, you’re sort of put to the back of the class, so to speak. (antenatal interview)

For many men it was difficult to take time off work to accompany their partner and some expressed sadness in missing out on these experiences:

They don’t actually sort of involve you as a couple anywhere along the line...I felt very sort of left out...I felt sort of punished for working... (postnatal interview)

There was a general understanding that, no matter what time of day antenatal classes were held, they would not be convenient for everyone. However, the men implied that minimal effort seemed to have gone into addressing their needs and suggested, for example, that a one-off antenatal session devised specifically for them might be a more realistic idea. It could give them an overview of the issues covered with their partners, with an informative and general approach being more suited to men’s requirements. They felt that this format might prove easier for healthcare professionals to offer at more convenient times of day:

They could have probably put what was relevant to me in one class instead of spreading it out, really...I’m not one to read a book, so to be told, it’s quite good. (antenatal interview)

For those men who preferred information to be presented to them, detailed information was what they wanted, and discussions with midwives would have been ideal. Nevertheless, there was also a great deal of informal information passed on by friends and family about practical aspects:

They did a breastfeeding workshop and never touched on bottle feeding...well luckily our friend who had just had a baby was here and he went out into the kitchen and started to make the bottles for us. (postnatal interview)

Much informal information that is passed on might prove useful but, as in this instance, the margin for error with such specific advice as making up a bottle is large and potentially dangerous to the baby.

Men went on to discuss other means of communication and raised the idea of a DVD:

I've looked in DVD stores and found that there isn’t really that much, it’s more to do with exercise and pregnancy, but that would be an excellent addition. (antenatal interview)

The aspects on which men wanted information were predominantly to do with their role as a new father, practical aspects of looking after a baby, and relationship changes. They emphasized how useful it would have been to have heard from new parents, in the antenatal period as well as postnatally, about their experiences and perspectives on coping with a new baby. Where men had experienced this they were very positive:

I think that is the main sort of key factor in it, that you want to know what everyone else has been through. (antenatal interview)

Support

Men perceived that they had few support systems, and some felt that they did not have anyone to whom they could turn:

I would have, yeah, really struggled to have anyone to go to yeah, because...the care is, it is very much geared towards the women. (postnatal interview)

Those who reported having some support often included work colleagues or people they met through work:

I’ve got sort of a person at work who’s recently had a child. (antenatal interview)
Few men mentioned their own fathers as a source of support which, they felt, was in contrast to their partners, who expected to and felt secure in turning to their own mothers or other female relatives. Those who did mention their fathers said that their own experiences of fathering would lead them to be very different fathers themselves. Some men felt that they would need to rely on more formal avenues of support because of their lack of support from close male friends or relatives:

I mean, there is nothing I heard of for dads in the evenings...I would have loved to have done it...all my friends from school I have lost contact with, and I haven’t really got any friends, nothing like that, it’s basically work. (postnatal interview)

This clearly illustrates this father’s feeling of isolation, highlighting problems for those who work and are therefore not able to access support during the working day. It also highlights the lack of role models and guidelines for them to follow to help them with fathering a first baby.

Preparation for fatherhood

Antenatally, although the men felt excited about having a baby they also expressed feelings of being bystanders and apprehension about both practical and general aspects of caring for a baby. They felt unprepared for becoming a father:

It’s that initial baby thing. The fact you can’t communicate, you can’t talk, you can talk to them but obviously they can’t understand you. (antenatal interview)

Feelings of ignorance and lack of preparation for the realities and practicalities of parenting were very common ones and came over strongly, as illustrated below:

I would look now to wanting more information about what to do when I’ve actually got it...even little things like what clothing, when you put it to bed, getting into a routine, even the basics, really. (antenatal interview)

The birth

Many men discussed their experiences related to the delivery of their babies, specifically the length of labour, anxiety and feelings of exclusion:

Yeah, we were in the hospital and they all talk their own language and everything else. (postnatal interview)

This feeling of exclusion was exacerbated if an emergency caesarean section was required, when they were more likely to be forgotten about. They were left feeling unsure about what they were allowed to do and what their role was. They found themselves not knowing what was happening to their partners or whether mother and baby were all right:

Just knowing the facts around the caesarean. It wasn’t discussed, and I wasn’t prepared for it...I wish I could’ve helped, know what to expect...that really upset me for a while. (postnatal interview)

Interviewees expressed surprise at the number of people present during a caesarean, which made them worry that things might not be going well:

When I left there was one midwife, and when I come back there was about ten doctors in there. (postnatal interview)

The men were also exhausted, both mentally and physically, by the length of labour and the length of time they had spent in hospital with their partners:

Not shocked, just exhausted, I think, because from start to finish it was quite a long time, wasn’t it? (postnatal interview)

The men were open about the importance of, and need for, some sort of antenatal preparation about the birth process. This was highlighted by one man who expressed disappointment at missing the ‘special moment’ of his baby’s birth. For some, the stress of delivery took away the magic of the moment:

I think the experience of the birth for me was…it sort of blew out the sort of romantic moment. (postnatal interview)

Anxiety around the birth and the men’s emotions took time to resolve and were exacerbated by the couple often not being left alone to have time together:

If you bury it and forget all about it I think that’s what happens, just bury it. Get on with my life, you know. Just, like, left alone for a little bit to get to terms with that fact that, you know, you’ve got this bundle of joy. (postnatal interview)

This father felt that other aspects of life would become more important and therefore the painful experiences would diminish and be buried.

Parents’ relationships

During the antenatal interviews the men were anticipating problems with lack of sleep and bringing their babies home for the first time, but few alluded to possible changes in relationships with their partners. This was in contrast to postnatally, when they talked openly about the additional stress on their relationships and the recognition that some antenatal preparation and awareness of possible relationship difficulties would have been beneficial:
We don’t usually argue, we don’t snap at one another. And...knowing I was doing it...for no good reason was upsetting. [postnatal interview]

Making time to talk and spending time together were recognized as valuable ways to reduce relationship tensions:

You are both tired, nigging at each other, and it was probably slightly worse from what we thought. I mean, if the awareness could have been made a lot more, because no one ever really spoke to us about that other side... the relationship with us and the baby. We sort of sat down and we tried about two or three different ways and thought about this [postnatal interview]

Although these were quite common feelings, there were also positive comments about enjoying the baby and becoming a family:

It’s just nice to feel like a family. I didn’t think I’d enjoy the baby part as much as I did. It surprised me because of how much they actually do. I enjoyed that a lot more than I thought I would. [postnatal interview]

Thus, fathers often described amazement at their baby’s alertness and at the speed of development they were witnessing.

Fatherhood

Overwhelming feelings for the baby were commonly talked about: amazement, love and a sense of great responsibility, surprise and confusion in the first few weeks. Having the baby was a completely life-changing event:

It was all such a shock, suddenly. You’re prepared but, you thought you’d prepared for it but... (postnatal interview)

This astonishment was also reflected in their comments about the baby’s behaviour with each parent. They noticed the baby reacting differently towards them and their partner. For instance, whilst they felt that they played more with the baby and elicited smiles (especially on their return from work), their partner was often able to calm their baby more easily when he/she was upset:

It’s really starting to work out, you know, what our roles are. He doesn’t really laugh with her - he will play and laugh with me and yet if he’s having a bad day or, you know, he used to rock to sleep really upset, he’d prefer (my wife)... [postnatal interview]

Some interviewees reflected on how difficult it was to go back to work, and to achieve a satisfactory work-life balance as well as time with their partner. There was also a feeling of being excluded from advice and support once they were working:

And it was trying to find the right balance. Things like to find enough energy. Trying to find the right balance between the relationship and the baby... (postnatal interview)

Discussion

This was an exploratory study to identify the needs of first-time fathers in their transition to fatherhood, with the intention of enhancing the education and support provided for them. No claims are made as to the wider transferability of the findings although it is hoped that the transparency of the method of analysis helps to establish the credibility and trustworthiness of the results. The men taking part were purposively recruited, they varied in age and were from a variety of different socio-demographic backgrounds and geographical areas across a city in South-West England. We excluded men who did not have English as their first language. The views of men included in this study, who were predominantly British-born, may differ from those in other ethnic groups due to their different practical and cultural needs. Further studies, specifically with other ethnic groups, are necessary to discover the similarities and differences that might exist.

The study was rooted in the view that pregnancy is an important transitional period in a man’s life, and that its potential as a time to receive information and advice should not be wasted. It provides an empirical example of the framework of transition theory described by (Draper 2003), which highlights the ambiguous nature of a man’s transition to fatherhood. In addition, like other studies, we suggest that men’s identities evolve from that of husband/partner to that of father, and men experience relationship shifts from couple to family (Levy-Schiff & Israelashvili 1988, Delmore-Ko et al. 2000, de Montigny & Lacharite 2004).

Examples from countries as widespread as Canada, England, Japan and Salvador have highlighted the importance of involving fathers, providing them with relevant information and preparing them for changes in their relationships with their partners (McElligott 2001, Gage & Kirk 2002, Condon et al. 2004, Carter & Speizer 2005, Nagamori et al. 2005). Similarly, the men in our study felt frustrated by the lack of inclusion, involvement and information for expectant and new fathers. They were able to access very few resources for themselves and had almost no one to turn to for support in working through what are, after all, quite predictable feelings of adjustment. We found that first-time fathers described themselves as bystanders: more detached than they expected or wanted to be. This placed demands on them and challenged their relationships with their partners, the meaning and value of their work, and their sense of
What is already known about this topic

- The transition to fatherhood brings about more profound changes than any other developmental stage in a man’s life.
- In many countries, involved fatherhood has become a cultural expectation.
- New fathers want more information, appropriate to their needs, about fatherhood and fathering.

What this paper adds

- Expectant and new fathers often lack relevant information, role models or guidelines to help them in their transition to parenthood and the fathering role.
- Fathers perceive a need to begin to prepare for fatherhood before their baby is born.
- Healthcare professionals, particularly midwives and health visitors, are well placed to engage with, and support, expectant and new fathers.

Conclusion

The importance of adequately preparing new fathers for parenthood in advance of the birth of their baby, as emphasized by our findings, is relevant to both healthcare professionals and researchers, and could be used to develop strategies to improve antenatal education. There are many areas where midwives and other childbirth educators can include fathers. Examples include extending a personal invitation to attend antenatal check-ups and classes, rather than relying on the mother to do this; making antenatal classes more inclusive of partners; inviting new parents to discuss their recent experiences with an antenatal group. Classes should be offered at times when men are likely to be able to attend. A stand-alone antenatal class for fathers could be considered, offering a condensed version of ‘need to know’ information.

Further exploration is needed around the role of fathers in antenatal education. Firstly, maternal input has been well-documented but little is known about the types of interventions that are effective in improving fathers’ experiences of parenthood in the early postnatal period. Secondly, the study should be repeated with fathers from other ethnic groups and in other healthcare systems to provide a basis for understanding the needs of new fathers from a broader international perspective.

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Author contributions

TD and DJ were responsible for the study conception and design. TD and DJ performed the data collection. TD and DJ performed the data analysis. TD and DJ were responsible for the drafting of the manuscript. TD and DJ made critical revisions to the paper for important intellectual content. TD obtained funding. TD supervised the study.

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