Degree project
Advanced level

We did it together -

Fathers’ experiences of planned home birth in the Nordic countries

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ABSTRACT: Background: For many fathers it might be one of life's best and biggest events to be present at their baby's birth. There is literature that describes father's experience of hospital childbirth, but little literature that describes the father's perception of their baby's birth at home. This study has aimed to describe fathers' experiences of planned home birth.

Methods: The participants in the study are 105 fathers from the Nordic countries who have taken part in planned births at home between 2009 and 2011. In this study the material from a query response, was analyzed through deductive analysis. The open question was; please describe the birth with your own words. Results: Analysis revealed that fathers experienced their baby's planned birth at home as peaceful and safe, very much due to professional midwives and the known environment. Being at home with their partner and, if desired family, is highly valued. The process of birth at home is described by fathers as “we did it together” and “our own birth”. They also felt they received a baby and were a part of the beautiful birth full of love. Conclusions: To welcome a baby at home in a peaceful environment in which a couple feel safe and undisturbed, can facilitate a positive and meaningful birth experience.

Key words: fathers experience, home birth, participation, safe, midwife
A woman giving birth should have people around her that she trusts and feels safe with. It could be her partner, a midwife or a friend. According to World Health Organization (WHO, 1), 34 percent of all children are born at home without a skilled attendant. With skilled attendant means someone who has undergone training in health care, such as a nurse, midwife or physician. In developed countries more than 99 percent of all women are delivered by trained personnel, while the number in developing countries is 62 percent (1). One in five planned home births in Sweden is done with assistance of a midwife or other person who is trained in assisting childbirth (2). This may be important not only for medical safety but also for the parents' experience of their baby's birth. The expectant father is usually present at birth in Sweden and other Nordic countries, regardless of whether the birth takes place at home or in a hospital (3).

In the Nordic countries Denmark, Finland, Iceland, Norway and Sweden the occurrence of home birth is rare, less than 1 percent of deliveries are planned to take place at home (3). In Norway, approximately 150 planned home births occur each year. Health authorities in Norway do not provide home birth; however, the woman herself can make a contract with a midwife. The cost of a home birth is partly covered by a maternity money from Arbeid-og velferdsstaten (3,4). In Finland, birth centers do not exist and private midwives assisting during childbirth in the home are rare. The Finnish society does not support the planned home birth, but they are legal (5). Denmark has the highest proportion of home births in the Nordic countries, about two percent of the total births. It is possible for a private midwife or a midwife from the hospital, to come home to a scheduled birth free of charge (3,6). According to the national guidelines for choice of birthplace, women in Iceland have the opportunity to give birth at home assisted by a midwife. The maternity care and home birth care is free of charge. In 2010 the number of planned home birth were 89 (2%) (7). In Sweden, planned home births occur in less than 1 / 1000 births today, or about 100 births a year. Home birth is not an option, offered by the Swedish health care system (3). In Sweden it is the norm to give birth in hospitals and the emphasis is on medical and technical measures taken during labor (8).
The presence of a father at a planned home birth may help women to trust their own strength and intuition in birthing (5,9,10,11). For the father, being present at their baby's birth may be filled with love and the feeling of being needed (12,13). According to fathers who have experienced planned home births, the most important experience of home births is to have trust in and follow the woman when giving birth. They may need to struggle with feelings of being different in comparison to couples who have given birth in the hospital. When they posed questions to health professionals about various childbirth alternatives, the information they received about the pros and cons could be deficient. Similarly, fathers felt that it affected their choice if they had to pay for the home birth themselves (14). The choice of options for ones own birth, is very important for the mother's and father's sense of control and security (14,15).

To welcome a baby at home in the environment in which the couple feel safe and undisturbed can facilitate a positive and meaningful birth experience. At a planned home birth the woman has confidence in her own body and trusts her strength in terms of giving birth. She can put great trust in the father and / or midwife. The father’s may feel inadequate during the labor, when he does not know what is happening or how he should act, and feels stress and fear. For many fathers it might be one of life's best and biggest events to be present at their baby's birth. There are many studies that describe father's experience of hospital childbirth, but few studies that describe the father's perception of their baby's birth at home. The purpose of this study is to describe fathers’ experiences of planned home birth.

**Methods**

Planned home birth, is defined in the present work as; the woman during pregnancy prepares to give birth at home, and that birth starts spontaneously with contractions or rupture of membranes. In case of transfer of the woman to the hospital, whether made before or after birth, the birth is seen as a planned home birth (3).
Design and study participants

This is a qualitative study with deductive approach. The participants in the study are 105 fathers from the Nordic countries who have taken part in planned births at home between 2009 and 2011. In six of the 105 births the couple moved to the hospital before or immediately after the woman gave birth.

Data collection

The project is a collaborative study on planned home births in the Nordic countries that continues until 2014. A combined database was created and data from all planned home births in the Nordic countries are being gathered. A registration schedule for partners of planned home births has been outlined in collaboration between researchers in different countries. All midwives who assist home births in Sweden (n=25), Denmark (n=100), Iceland (n=10) and Norway (n=30) have been contacted and informed about the project. A coordinator in each country stays in contact with the midwives who assist home births, summon the participants twice a year for an update and further evaluation of the instrument and research process. A database was established and a questionnaire addressing the partner’s experience is found on the web-site nordichomebirth.com (16). Out of many birth stories from the Nordic countries the first 105 were used for this study.

Data Analysis

In this study the material, from an open question, was analyzed through deductive analysis. The open question was; please describe the birth with your own words. The processing of the text material was inspired by several researchers (17,18,19). The material was analyzed in a process of ordering and preserving empirical material top-down. First the text was read through many times by both authors. The next step was to identify contexts that give understanding of descriptions and experiences.
Table 1.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Categories</th>
<th>Subcategories</th>
<th>Criteria</th>
<th>Number of statements (n = 257)</th>
<th>Number of Statements In percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>She leads – he follows</td>
<td>Being there for the woman</td>
<td>Being close, physical and psychological supporter, self-security, attentive</td>
<td></td>
<td>27</td>
<td>10,5</td>
</tr>
<tr>
<td></td>
<td>Being a compliant father</td>
<td>Going along with the woman´s decision</td>
<td>Support the women in the decision to give birth at home, trust the woman</td>
<td>14</td>
<td>5,4</td>
</tr>
<tr>
<td></td>
<td>Feeling at home</td>
<td>Feeling at home, do what you want, know where everything is, presence of siblings, avoiding driving a car</td>
<td></td>
<td>33</td>
<td>12,8</td>
</tr>
<tr>
<td></td>
<td>Being responsible</td>
<td>Take your own decisions, seek information</td>
<td></td>
<td>6</td>
<td>2,3</td>
</tr>
<tr>
<td></td>
<td>A sensitive decision</td>
<td>Achieve continuity</td>
<td>Midwife before, during and after birth. Midwife's knowledge, experience</td>
<td>21</td>
<td>8,2</td>
</tr>
<tr>
<td></td>
<td>Carrying trust forward</td>
<td>The midwife's role for the man and woman, the father's role childbirth, the contact between man and woman</td>
<td></td>
<td>41</td>
<td>16,0</td>
</tr>
<tr>
<td></td>
<td>It’s natural</td>
<td>Natural birth process, without being forced, acceptance of risks, contact with the women's body and the baby</td>
<td></td>
<td>90</td>
<td>35,0</td>
</tr>
<tr>
<td></td>
<td>A deliberate choice</td>
<td>Being in control</td>
<td>Being in control of events in life, not being subject to others demands, strengthening the family</td>
<td>15</td>
<td>5,8</td>
</tr>
<tr>
<td></td>
<td>Meaning being different</td>
<td>Being different, injustice, pay the birth itself, being understood of health care providers</td>
<td></td>
<td>10</td>
<td>3,9</td>
</tr>
</tbody>
</table>
The authors have read the first 105 query responses, given them each a number, and placed appropriate statements from the responses into three pregiven main categories and nine subcategories. There were criteria, in order for the statements to be placed in a subcategory (table 1). The model used for analysis emerged from previous study of father’s experiences of planned home births described by Lindgren and Erlandsson (14). In this study eight Swedish fathers were interviewed in-depth and the main theme that emerged from the analysis was ”she leads- he follows” (14).

Every statement was only used once, but could be divided up into many categories. The authors critically questioned and compared their own results several times, both alone and with each other. They then agreed to the content in every subcategory (20,21). In order to arrive to the result in the different subcategories, the authors separately counted the most common statements in each subcategory and inserted the statements in tables. Subsequently, the authors compared their findings for each subcategory and finally posted a final result based on the most common statements for each subcategory (table 1). Every statement in the subcategory was checked from which language they come (table 2). After the subcategory was done, they were reviewed to see which words fathers used the most. The most common words were counted individually by each author and then compared. The final result is presented in text with expressions and tables.

The research project was approved by The Research Ethics Committee at the Mid Sweden University, 2008. The questionnaires from the web-based questionnaire survey were answered anonymously and the participants were informed that the purpose of the study was to describe and compare outcomes and conditions of planned birth at home in the Nordic countries.

Results

In this study 105 birth stories told by fathers who had attended a planned home birth were analyzed. The majority of the stories (n=62) were from Denmark. The number of statements which were taken from the Danish birth stories was 177 (69 %). This indicates that Danish
fathers to a greater extent described their birth experiences than fathers from the other Nordic countries (Table 2). For 33 (31%) of the fathers this was their first baby and for another 17 (16%) it was the first home birth they had attended. The majority of the fathers (58%) had university education and they all lived together with the mother at the time of birth.

The main finding of this study was that fathers experienced the peace and tranquility during their baby's birth at home. Fathers spoke of relaxed, uncomplicated deliveries without stress. Security was central and the midwife contributed very much to a safe atmosphere. Being at home with their partner and, if desired family, was highly valued. A common theme guided the authors through the text material: fathers expressed a feeling of participation during the labor. "We did it together," wrote one father. "The greatest experience in my life," wrote another father. This involvement was mirrored in the perceptions of their baby's birth at home was fantastic, perfect, natural, beautiful, full of good atmosphere, intimacy and love.

<table>
<thead>
<tr>
<th>Table. 2</th>
<th>Danish</th>
<th>Swedish</th>
<th>Norwegian</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of responses (n =105)</td>
<td>62</td>
<td>22</td>
<td>19</td>
<td>2</td>
</tr>
<tr>
<td>Percent</td>
<td>59</td>
<td>21</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Number of statements (n=257)</td>
<td>177</td>
<td>39</td>
<td>38</td>
<td>3</td>
</tr>
<tr>
<td>Percent</td>
<td>69</td>
<td>15,1</td>
<td>14,8</td>
<td>1,1</td>
</tr>
</tbody>
</table>

*It's natural*

When the journey of birth was allowed to take its natural course it could be a dream sequence. With repeated common words fathers described birthing as peaceful, fantastic, relaxed, safe, perfect, natural, beautiful, and full of love. Many fathers experienced that everything went as planned and others that the birth went beyond their expectations. The process of birth was described by fathers as: our own birth. Fathers felt they also received a baby and were a part of the birth. The father, the mother and their baby gave birth together.

One of the most natural things in life was actually done quite naturally! (No 99)
Carrying trust forward

The fathers felt secure in their role and in their wife’s competence to give birth. The midwife had a calming effect on the man and the woman. She was in the background and allowed the couple to take care of the birth in their own way. A reoccurring description was how the midwife inspired a feeling of safety by listening to and being there for the couple. The biggest common worry among fathers was if the midwife would make it in time for the birth of the baby.

I was a bit uncomfortable that the birth was about to start, but as soon as the midwife arrived, I felt that I could let go of the responsibility and just be a part of the birth. (No 104)

I was allowed to attend exactly to the extent I wanted, and was allowed to feel the baby before it was born, and together with my loved one, to lift the child out of the water. It was a truly indescribable and beautiful feeling. After birth, one could leisurely enjoy the newborn at home, to the fullest. The midwife stayed with us for a couple hours to ensure that the child was doing fine. (No 25)

When the midwives arrived they were present from the first minute they stepped through the door. They could immediately apply this to both me and my wife and participate actively. They did not take over my role but were responsible for an entirely different role. (No 93)

Feeling at home

The own home was described as important for a positive birth experience. It was associated with peace, relaxation, no stress, presence of family members, candle light, music, and bathing in a birthing pool. It was a freedom and luxury to give birth at home where the whole family received a baby. Some fathers felt relieved in not having to move to the hospital during labor.

The birth took place in the bathroom - only lit by candles. It was really nice. The child was very quiet when it was born - and I'm sure it can be due to the quiet surroundings at home. (No 58)

Full of feeling and without unpleasant pressure or personnel changes. (No 68)

Being able to do what you want, whenever you want was important. Many fathers were pleased about being home with their own things postpartum, and not have to go away to the hospital.
**Being there for the women**

In the study, fathers felt they could be present and could support their women, especially when the midwife came. They felt they could contribute to the birth experience by doing practical things that their women wished for, for example offer food, drink or massage. Fathers also felt that they could participate in the birth by interpreting the woman’s state of being and giving support by being close to or just being there.

> And at every contraction my love wonted me to be with her. In between I put a compress of ginger, filled the tub and the older child should be packed to stay with Grandma. It was the most hectic period for me until our midwife and her helper came. Then I could relax and just be there for my love and support her. A lovely presence in our bedroom. (No 9)

> In relation to our first child, who was born at the hospital, the birth at home was much more our own birth. There was more peace, and I as a father could participate actively in the experience to a much higher degree. A through and through wonderful experience. (No 88)

**Achieving continuity**

Fathers had much confidence with midwives working at home, due to their professional and competent work. They were described as listening, calming, securing and supportive. Fathers appreciated the midwives work of continuity. The atmosphere around the birth was perceived to be calm, relaxed and comfortable much due to the midwife.

> With two midwives who focused only on my wife's birth, the care was significantly better than at the hospital. (No 71)

**Being in control**

To be in control of the situation was very much related to the feeling of safety and inner peace. The fathers talked about how they trusted and appreciated their partner. The fathers felt secure in their role and in their women’s competence to give birth.

> The course of the birth was undramatic and a very positive experience for all three of us (including our newborn son). I was surprised how fast the birth went and my wife's ability to maintain control and power throughout the process. (No 52)
Going along with the woman’s decision

Fathers expressed how they grew more secure, together as a couple, with the decision to give birth at home. They believed that the decision was right for both themselves and their partners. To give birth at home made them happy and grateful. They felt that the birth was successful and lived up to their desires and expectations.

At no time did I feel uncomfortable or afraid of our decision to give birth at home. (No 1)

The home birth was the result of a long and well-prepared work before and during pregnancy. Especially from my wife's side, but eventually also quite a bit from my side also. I was initially a little more skeptical about home birth than the child's mother, but after meeting the midwife, reading and conversing, I became very convinced that this was the right thing for us. (No 52)

Meaning being different

None of the fathers in the study spoke about being different from the norm as something negative. Most fathers wanted to give birth at home again and recommend others to do the same.

I can only advise others to give birth at home, and our eventual future children will also be born at home. (No 42)

Being responsible

Fathers highlighted the importance of being prepared and having information. To be able to make one’s own decision was related to being responsible.

She (the midwife) said that we should think about where in the apartment it was best to give birth because the birth was close. (No 99)

Discussion

The main finding of this study is that fathers experience peace and tranquility during their baby’s birth in the home. Fathers speak of a relaxed birth process without stress. Security was central and the professional midwife contributes much to a safe atmosphere. Being in their
own home with their partner and if desired their family members was highly valued. A theme goes through the text material: fathers expressed a strong feeling of participation during the labor. "We did it together," wrote one father. "The greatest experience in my life," wrote another father.

Fathers in the study experience peace and tranquility during the birth at home. Fathers speak of a relaxed childbirth process stress-free and full of security. Results from previous studies indicate that the birth experience as well as the medical outcome in planned home births is improved by a peaceful and relaxed environment (5,11,14,22,23). Low-risk women who gave birth at home, and were assisted by a midwife, had a reduced number of medical interventions compared with woman who gave birth at a hospital (4,24,25). Of those who gave birth at home, 38.4 percent had intact perineum, whereas only 14.9 percent of those who gave birth in the hospital. Forceps or vacuum extraction was used in 13 percent of hospital cases and only 4.4 percent of home births. Parturition was shorter but the period of pushing was longer for mothers who give birth at home. Even the caesarean section rate dropped dramatically in the home birth group. In addition, one could see that the apgar scores measured at 5 and 10 min were higher in children at a home birth (24). The result from this study shows that the experience of birth may play an important role for the future life of the whole family.

Fathers who choose home birth are autonomous, rely on intuition and want intimacy. They have a high belief in their woman’s body and their own competence to handle the birth on their own (10, 14,24). According to the fathers in this study, the man as well as the woman needs to accept and welcome the birth experience.

Fathers express the importance of security. The presence of the professional midwife contributes to a safe atmosphere in the home. Our study shows that the man's trust in the midwife is invaluable, which is in line with results from previous studies (14,26,27,28,29,30). The midwife's most important role is to be present and to encourage the woman's contact with
her body and her unborn baby. The midwife's knowledge of childbirth is considered important as well as her encouragement to support the couple's independence (14).

To give birth to a baby in one’s own home where one can be oneself both physically and mentally is highly valued, this is also confirmed by other researchers (3,9,11,14,23,31). The results of this study suggest that it is easy for the father to find his role in a home birth. Expectations of the birth process are very important for experienced results (14,32). How care is designed is therefore essential (3,15,29,30,33). How medical care is organized at birth varies in different countries. About 30 percent of all deliveries are planned at home in the Netherlands. Healthy women with normal pregnancies are expected to give birth at home with assistance from a maternity midwife (3,32). In Britain the choice of birth place has become a political issue. The government decided in 2009 that all women should have a choice depending on their preferences and circumstances to bear children at home, in birth centers or hospitals with full medical back-up (34). Clinical guidelines are designed to provide guidance and care of healthy women and their babies during childbirth (35).

In Britain the choice of birth place has become a political issue. The government decided in 2009 that all women should have a choice depending on their preferences and circumstances to bear children at home, in birth centers or hospitals with full medical back-up (34). Clinical guidelines are designed to provide guidance and care of healthy women and their babies during childbirth (35).

Hildingsson (15) means that if we would listen to women in Sweden and follow the consequences hence, the number of planned home birth would be ten times as many, and the twenty largest hospitals would need to have a smaller maternity clinic.
In our study six percent of the couples were moved to the hospital before or after they gave birth. These birth experiences were quite different than expected and were often associated with stress. In the case of a transfer, fathers trusted their home midwife. But it was important that hospital staff noted that home birth was the original plan. Slow progress in deliveries is the most common cause of transfer and immediate medical help in most cases is not necessary (4,36). Previous studies have shown that unplanned transfers to hospitals from planned home births, have had little effect on the positive childbirth experience (37,38). On the contrary new research shows that the birth experience is negatively affected (36).

The ability to have one or two midwives present at the birth gives a feeling of security, according to this study's results. This is in itself an expression of the importance of continuity in the care chain. The continuity of midwifery is one of the few measures that we now know increases the possibility of a positive childbirth experience and reduces the risk of interventions and complications in normal childbirth. There are many indications for a profit to enhance continuity of care and the importance of listening to and respecting the needs of the couple that see their pregnancy, childbirth and postnatal care as a natural social event they want to determine (3,9,11,14,15,26,27,28,30,31,).

Several researchers speak of inner and outer factors that gave empowerment for the birth. That the midwife listens to the bearing couple is one factor that inspires a sense of security (9,11,23,26,27). Chan and Paterson- Brown (39) proclaim that partners felt their relationships had improved following their shared experiences of labor. According to Olin and Faxelid (40) fathers and mothers need to talk about their experiences during the birth and the greatest desire is to speak with the midwife who attended the birth. The fathers feeling of safety is related to the ability to rest in acceptance of the process, not in calculating risks. Fathers in this study expressed a strong feeling of participation during the birth. They were part of the birth and the father, mother and their baby experienced birth together. This involvement was mirrored in the fathers' perceptions of their baby's birth at home as fantastic, perfect, natural, beautiful, full of a special atmosphere, intimacy and love. This is also supported by other
studies, where fathers say that they have been through an experience of infinite love, when they talk about their birth experience (12,14,29,39).

According to earlier research (12,26,29,30) fathers want to be seen as part of the laboring couple. Fathers also want to be seen as individuals. In deliveries at hospitals, the fathers wanted to have a good connection with their partners and to be involved. But at some point of labor more than 50% of all men, felt afraid, helpless and uncomfortable (13,39,41). In our study there were no fathers who showed signs of feeling left out. On the contrary fathers mean that they also got a baby and that the whole family gets a baby and not just the mother.

Methodological considerations

Data from planned home births in the Nordic countries have been gathered in a combined database. The questionnaire addressing partner’s experience is found on the web-site nordichomebirth.com (16). All midwives who assist home births in the Nordic countries have been contacted and informed about the project and a coordinator in each country stays in contact with the midwives who assist home births. There has been no collaboration with any midwives from Finland who works with home births. It is doubtful that the information about the survey from the Nordic homebirth project has reached to all families who went through with a planned home birth. They have been encouraged to spread the word about the study with pamphlets and by word of mouth.

The authors have chosen to work with the first 105 survey responses. Both short and long responses have been included. However, it is questionable if only fathers’ who are in favor of planned home births, have responded to the survey.

The material in this study comes from the Nordic countries and is the first of its kind. There is a chance that the result could have been different had it been a larger sample or come from the
fathers in another part of the world. Personal values regarding the article theme may have influenced the deductive analysis.

Home birth is a systems-challenging praxis with knowledge, power and intimacy in the birth place. Such a systems-challenging praxis converts medical topics into political issues. The growing body of evidence regarding planned home births speaks in favor of enhanced freedom of choice of birthplace (31,33). This study indicates that a planned home birth is an empowering experience not only for the mother but also for the father. The positive experience may play an important role in the future life of the family. This study shows the importance of encouraging home birth as a choice for couples. All parents expecting a baby, could with the help of a maternity allowance, have access to midwives, wherever they give birth to their baby. A maternity allowance could make care safer, more humane and allow for greater variation. The authors are hopeful that in the future it will be possible to offer birthing couples access to trained personnel regardless of country and choice of birth place.

The development of coherent maternal obstetric and maternity care with small-scale approach is interesting for healthy pregnant couples. Since the result speaks in favor for the security the midwife gives the birthing couple, the opportunity to learn about and participate in a planned home birth, could be included in the training of midwives in the Nordic countries. For future research it is possible to compile information on how fathers, mothers and midwives experienced planned birth at home.

Conclusion

To welcome a baby at home in the environment in which the couple feel safe and undisturbed can facilitate a positive and meaningful birth experience. At a planned home birth the father puts great trust in the partner and / or midwife. A home birth can, according to fathers in the study, be summarized with the words peace and quiet, professional midwife and safe environment.
Acknowledgements

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References


7. Unpublished data, Nordic Homebirth Research Group. Via e-mail from Helena Lindgren 12/10-11


12. Erlandsson K, Lindgren H. From belonging to belonging through a blessed moment of love for a child - the birth of a child from the fathers’ perspective. Journal of men’s health. 2009;6(4);338-44.


17. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures, and measures to achieve trustworthiness. Nurse Education Today. 2004;24;105-12


22. Catling-Paull C, Dahlen H, Homer C. Multiparous women´s confidence to have a publicly-founded homebirth: A qualitative study. Woman and Birth. 2011;24;122-8


