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Feelings and Concerns of New Fathers When Their
Spouses Have Epidural Anesthesia During Childbirth

Susan M. Monger

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Abstract

Over the past years, the use of epidural anesthesia as an intervention for pain relief has increased in the labor and delivery setting. Exploration of the literature has not identified what effects the addition of this technology has had on the normal childbirth process and those participating in childbirth, specifically the new father. The purpose of this study was to explore first-time fathers' perceptions of their feelings and concerns during the various phases of the labor and delivery experience in which epidural anesthesia is used. The study addresses the following research questions: (a) What are the perceptions of first-time fathers regarding their feelings and concerns at each of the following three stages in the labor and delivery experience: pre-epidural, post-epidural, and at time of delivery of their newborn?; and b) Do the levels of concerns and feelings differ during the various stages identified previously? The convenience sample consisted of first-time fathers whose newborns were delivered in a small Midwest, community hospital. Subjects met the following criteria: a) married at least one year; (b) first baby for both father and mother; (c) attendance at childbirth education classes; and (d) use of epidural anesthesia on spouse during childbirth. Fathers were surveyed through a self-administered questionnaire which was partly derived from The Berry Expectant Fathers Stress Index (BEFSI). Prior to administration, the questionnaire was reviewed by a panel of expert nurses for content and readability. The data from the questionnaires regarding perception and relevant demographic data were analyzed using the Statistical Package for the Social Sciences (SPSS/PC+). The results of the study found that fathers had five feelings and four concerns during childbirth. Feelings included: anxiousness, fear, happiness, confidence and closeness. Concerns included: concern for spouse, concern for baby, concern for self, and concern for the progress of labor. These feelings and concerns were reported at different levels during childbirth.

Author's Notes

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Feelings and Concerns of New Fathers When Their Spouses Have Epidural Anesthesia During Childbirth

In the United States, urbanization as well as changes in the health and medical care system has caused childbirth to be viewed as a medically controlled event rather than the family-focused event of the past (Lindell, 1988). One can easily recall, the "pre-natural childbirth" picture of the woman entering the maternity unit to labor and give birth in a delivery room, while the father paced anxiously in the "father's waiting room" outside the unit.

The advent of the natural childbirth movement in the United States in the 1950's along with heightened awareness and practice of the movement's embodied concepts in the 1960's challenged this medically controlled view of childbirth. The event of childbirth began to turn back to its previous family-centered focus. Soon fathers started to appear in labor rooms offering support and encouragement in keeping with their cultural values; by the 1970's fathers appeared in the delivery rooms; and by the 1990's, the presence of fathers throughout the childbirth process became more the norm than the exception (Chapman, 1991) .

Pain, whether physiologic or psychologic, is a given phenomenon of childbirth. Management of pain during childbirth has always been a major concern for women and their partners as well as for the health care providers caring for them. Pain in the childbirth experience is integrally related with the fear and anxiety which couples have for childbirth.

Various forms of pain management during childbirth have been used throughout the centuries. Most notably in the twentieth century, advancing technological and pharmaceutical knowledge has led to many

alternatives in providing pain relief. Preferred modes of pain management continuously change as knowledge of pain and pain control grows. Today few women are under the influence of general anesthesia at the time of vaginal birth. Most are awake, aware, and involved throughout the entire process encouraged by the presence of a significant other who offers emotional support as the woman copes with the pain experience of labor. This is consistent with the philosophy of natural childbirth which advocates the use of non-pharmacological methods of coping with labor pain.

The type of pharmacologic pain management used in each individual childbirth situation may vary with the medical evaluation of maternal and fetus physiologic status, but also with the combined medical and patient evaluation of the effectiveness of other non-pharmacologic methods of pain relief. The intent of this study is to look at one participant's (i.e. the father) feelings and concerns in relation to one form of pain management (i.e. epidural).

Review of Literature

The review of literature focused on two areas relevant to this study. First, fathers, their role as a significant other in childbirth, and their feelings and concerns during childbirth are addressed. Second, the complex problems associated with the use of epidural anesthesia as a pharmacologic means of pain management during labor and delivery are discussed.

New Fathers

A "new father" is operationally defined in this study as a man who has not previously fathered any children.¹ Due to his lack of exposure to

¹{For the purpose of this paper the word father is used to indicate the spousal equivalent of the childbearing woman. The author does recognize

that altered family styles of cultures may identify a person other than the biologic paternal parent.}

childbirth, an element of the unknown exists for the new father involved with the labor and delivery experience. This can lead to an increase in anxiety and fear in the father (Olds, London & Ladewig, 1988). The father, instructed by nurses in formal childbirth education classes such as LaMaze, fathers gain exposure to the childbirth process and learn what to expect during this event. Additionally, they gain knowledge and practice with techniques aimed at supporting his spouse with relaxation and breathing techniques (Green & Naab, 1985).

The father has not always been accepted as an integral part in childbirth. When fathers were first becoming involved with the actual childbirth, there was opposition, especially from the medical profession. The presence of fathers during labor was thought to increase infection rate, increase lawsuits, and generally interfere with the physician-patient relationship (Shu, 1973). One doctor was quoted (Shu, 1973) as saying "...the husband-father would get in the way, he would be knocking over equipment, he might faint at the sight of blood..."(p. 91). As time passed, the presence of new fathers with their wives during labor and delivery became commonplace. No longer was participation by the father viewed as a privilege, but as a contributory factor for a healthy family life to occur.

Refocusing on the concept of family-centered childbirth, members of the family become active participants in the event of birth. The father's role during childbirth has become one of which provides support, comfort and encouragement. In Duvall's developmental stages of families, she identifies the establishment phase of beginning families as taking place primarily in the first year of marriage (Duvall, 1962). As a result,

establishment of the relationship becomes on which the couple supports, and encourages one another. Thus an established relationship would enhance the father's role in childbirth which is supporting and encouraging his spouse.

Through participation in childbirth, the new father can support his wife physically, emotionally, and mentally as she experiences the physical and psychological changes associated with childbirth. The father's presence in the labor and delivery room has been encouraged in order to decrease the childbearing woman's anxiety which in turn contributes to decreased levels of pain perception (Olds, London & Ladewig, 1988). Nurses working with childbearing clients have increasingly focused their caring and nurturing efforts toward the couple thus helping the family feel more positive about their childbirth experience. Lemmer (1987) stated opportunity for participation enables the new father to gain a sense of partnership and involvement in the childbirth experience and possibly bond more readily with his new infant. Chapman (1991) conducted a study which examined participation roles of fathers and their level of involvement during childbirth. The focus of the study was on levels of participation.

Recently there has been a growing concern that the presence of fathers in the labor and delivery setting may lead to detrimental feelings. Proponents of this view state that new fathers may not be fully prepared to meet the emotional challenges demanded by their supporting role in childbirth (Simkin, 1992). In reviewing the literature only one study (Berry, 1988; Berry 1984) was identified as attempting to examine how fathers perceive their own feelings and concerns during labor and delivery. The feelings identified by Berry (1984) that occurred with significant frequency during labor and delivery were: anxiety, happiness, fear, closeness (with spouse), and confidence (in self). Concerns that occurred most frequently

during labor and delivery were relating to spouse, relating to baby, relating to self, relating to the progress of labor. In this study Berry (1988), found that during delivery fathers tended to put their concerns for themselves aside and focused their attention on their wives. By keeping their concerns to themselves, Berry proposed new fathers' stress level would increase. Deferred feelings, such as anxiety, have shown to increase stress or exhibited later as delayed stress (Beare & Myers, 1990). The investigator suggested many fathers may need additional, personal help during childbirth; but they may not ask for this overtly as they may feel selfish or uncomfortable in asking for support.

Fathers' perspectives of childbirth have not been a major focus in much of the childbirth education and obstetrical nursing research (Chapman, 1991). Reasons for the lack of research may be that fathers have only been directly involved in the labor and delivery setting for the last two decades. If fathers are to remain a major participant in childbirth and view this as a positive, successful experience, then greater understanding into their perceptions is needed.

Epidurals

The first use of continuous epidural anesthesia, or an epidural block, used during childbirth began in the 1960's (Stampone, 1990). Following refinement of the technique, and its use epidural anesthesia became readily available in the late 1970's and early 1980's. Epidural anesthesia used for pain management involves the insertion of a small catheter into the lumbar area of the laboring woman. A physician or nurse anesthetist performs this procedure in the labor setting. Due to the side effects involved with epidurals, intense monitoring is required. Equipment that is

used for monitoring of the client, is often highly technical and is usually seen in an intensive care setting.

There are three advantages in the use of epidural anesthesia as a form of pharmacologic pain control. The first advantage is relief from pain due to the physiological process of childbirth (Stampone, 1990). Secondly, a decreased likelihood of maternal hyperventilation results from epidural anesthesia (Nicholson, 1990; Avard & Nimrod, 1985). Perfusion to the placenta is decreased when hyperventilation occurs in the laboring woman. Finally, the medication received through an epidural is not absorbed systemically. The mother remains awake and alert, and the fetus is not generally effected by the epidural anesthesia (Poore & Foster, 1985).

The increasing use of epidurals in the labor and delivery setting stems from requests by both physicians and couples as consumers. Physicians view epidural anesthesia as a method of pain management that allows for a controlled delivery, occasionally by forceps (Poore & Foster, 1985). Childbearing couples prefer epidural anesthesia because it offers pain relief, and it allows the mother to participate in childbirth without sedation (Avard & Nimrod, 1985).

There are, however, disadvantages to the use of epidural anesthesia. There can be an increased need for the use of cesarean section, oxytocin augmentation, vacuum extraction, and/ or forceps (Eakes, 1990). Catheter migration may occur which can lead to ineffective pain control, hypotension, or possibly respiratory or cardiac arrest (Nicholson, 1990). Respiratory depression occurred in 30 out of 2000 patients who had epidural anesthesia, as was identified in a study cited by Nicholson (1990),.

Due to the serious adverse reactions associated with epidurals, there has been increased concern over their use in the labor and delivery setting. Performing a randomized, controlled trial on the safety and effectiveness of

epidural anesthesia would be difficult however, because subjects would be placed in non-epidural and epidural groups which is viewed by medical professional as unethical (Thorp, McNitt & Leppert, 1990).

Exploration of the literature revealed no studies or discussions of the effects of epidural anesthesia as a method of pain relief in relationship to the perceptions of feelings and/or concerns of mothers or fathers during childbirth. Chapman (1991) explored fathers' levels of participation in childbirth. While fathers were a focus, feelings and concerns were not discussed. Berry (1984) did seek to identify feelings and concerns, there was no pharmacologic method of controlling pain used by the subjects including epidural anesthesia.

Purpose

The purpose of this study was to explore new fathers' perceptions of their feelings and concerns during the various stages of the labor and delivery process where pain management is achieved or attempted through epidural anesthesia. The research questions are as follows: (a) What are the perceptions of first-time fathers regarding their feelings and concerns at each time of the following stages in the labor and delivery experience: pre-epidural, post-epidural, and delivery; and (b) do the levels of feelings and concerns differ the various stages identified previously?

Methodology

A descriptive design was used to explore the feelings and concerns of new fathers participating in a childbirth experience in which epidural anesthesia was on the spouse.

Sample

The criteria for inclusion into the study were as follows: (a) subjects and spouses were first-time fathers and mothers, (b) epidural anesthesia was administered to their spouse during childbirth, (c) both subject and spouse completed childbirth education classes, (d) both parents had been married for at least one year. The convenience sample consisted of nine new fathers whose wives delivered at a small, not-for-profit, public, Midwestern hospital which averages 100-110 deliveries per month. Prenatal care was obtained by the subjects through physicians offices, and LaMaze childbirth education was advised to all as a part of prenatal care.

Instrument

The questionnaire (Appendix A) used in this study, was derived from the research of Berry (1984) in which she used a lengthy open-ended tool which sought to identify feelings and concerns. This newly developed paper and pencil questionnaire consisted of approximately 20 items, and consisted of questions which addressed: (a) demographic, (b) perceptions of spouses' level of pain, and (c) feelings and concerns.

The main feelings fathers perceive during childbirth identified by Barry (1984) were anxiousness, happiness, confidence, closeness, and fear. The respondents were asked to identify levels of these feelings they experienced during childbirth. Respondents rated the pain level on a scale of zero to nine, with zero representing no pain and nine representing a maximum level of pain. The subjects rated these levels of feelings on a scale of zero to nine with zero meaning no feeling and nine meaning a maximum amount of feeling. The third component of the questionnaire asked the subjects to rate their concerns on the same scale of zero to nine. Subjects were also asked to include any additional feelings they may have experienced. None of the subjects included additional feelings. Questions

were structured to have fathers recall feelings and concerns at three different points. Prior to its use a panel of doctorally prepared nurse experts reviewed the tool for content, format and readability.

Procedure

Permission to use the tool was granted by the institutional review board of the hospital (Appendix B&C). With assistance of unit staff, records of newly delivered patients were reviewed by the researcher. Based on this record review, those fathers who met the study criteria were approached by the researcher who then verbally explained the purpose of the study and their participation. Each of the subjects was instructed about the purpose of the study and written, informed consent was obtained (Appendix D). New fathers were given the self-administered questionnaire after delivery of their baby. Time to complete the questionnaire was 15-20 minutes. Data collection began in April 4th and continued through May 1st, 1992.

Results

Data were analyzed using the SPSS/PC+ studentware program. Due to the small sample size and exploratory nature of the study, only descriptive statistics were performed.

Demographics

The mean age for the respondents was 26.88 years with a range of 25.00 to 30.00 years old. The couples were married for an average of 3.71 years, with range of from 1.50 to 8.92 years. Educational level of new fathers averaged 15.89 years (including kindergarten), with a low of 13 years and a high of 18 years or more. The mean length of time between start of labor and initiation of the epidural was given was 9.83 hours, with a range of 5.00 to 23.50 hours. The average length of time from initiation of the epidural

to time of delivery was 3.22 hours, with a range of 1.00 hour to 6.50 hours. Length of labor averaged 13.11 hours with a range of 7.00 to 25.00 hours. Eight of the fathers were present for the entire labor and one was present for part of the labor. All of the fathers were present for the delivery. The majority (6) of the epidurals were administered during the active phase of labor; two epidurals were administered during the transitional phase of labor and one was administered during the early phase of labor.

Research Question 1

The first research question addressed in this study was what are the perceptions of first-time fathers regarding their feelings and concerns at each time of the following stages in the labor and delivery experience: pre-epidural, post-epidural, and delivery.

Perception of spouses' pain

Subjects were asked to rate the level of pain they perceived their spouse to be experiencing at three different time periods: (a) before the epidural was administered (pre-epidural), (b) after the epidural was administered (post-epidural), and (c) at the time of delivery. Respondents rated the pain level on a scale of zero to nine, with zero representing no pain and nine representing a maximum level of pain. Table 1 lists the mean level of pain during the three stages and also the overall mean. The mean level of pain perceived by the subjects during the pre-epidural period was 6.33. After administration of the epidural, the average level of pain dropped to 3.56. The average level of pain at time of delivery was 6.71 with the overall average of 5.53.

Perception of feelings

The mean for reported levels of feelings are presented in Table 1. For the feelings of anxiousness the mean during the pre-epidural stage was 6.33. The mean for anxiousness rose slightly to 7.11 and rose slightly again for

delivery to 8.63. The overall mean for anxiousness was 7.36. Feelings of fear during the pre-epidural period had a mean 4.56. The mean also rose slightly to 4.78 in post-epidural and rose slightly again to 6.50 during delivery with an overall mean of 5.28. For feelings of happiness during the pre-epidural stage the mean was 8.11. The mean dropped to 7.67 in the post-epidural stage and dropped again to 7.00 during delivery. Overall, the mean for happiness was 7.59. For feelings of confidence the fathers felt with themselves in their supportive role was a mean level of 6.67 before the epidural. The level slightly rose to 6.78 after the epidural was given, but then dropped to an average of 5.88 at time of delivery. The overall mean for confidence was 6.44. The mean level for feeling of closeness was 6.44 in the pre-epidural stage. Level of closeness dropped slightly after the epidural was administered and rose during delivery to a mean level of 6.50. Closeness had an overall mean of 6.31.

Perceptions of concerns

Refer to Table 1 again for the mean level of concerns. The mean level of concern for the spouse during the pre-epidural stage was 7.89. The mean level dropped during the post-epidural period to 7.56 and the average level during delivery rose to a maximum of 9.00. Overall, the level of concern for their spouse was 8.15. Level of concern for the baby was 7.67 on average, during the pre-epidural period. The level rose to 8.22 after the epidural was administered and the average level rose again for delivery to 8.88 with an overall mean of 8.26. Concern for self before the epidural averaged 0.78 and averaged 1.00 after initiation of the epidural and during delivery. The overall mean for concern for self was 0.93. The average for concern for progress of labor was 7.11 during the pre-epidural phase. The mean level dropped to 6.00 for the post-epidural period and rose to 6.63

during the delivery. The average overall level for the concern for the progress of labor was 6.58.

Research Question 2

The second research question addressed in this study was: Do the levels of feelings and concerns differ the various stages identified previously?

Perception of spouses' pain

Figure 1 demonstrates reported levels of pain as perceived at during pre-epidural, post-epidural and delivery stages. The individual levels appear scattered; however when the levels are clustered into low (score of 0-3), medium (score of 4-6), and high (7-9) levels then as seen in figure 1, the level of pain perceived by subjects before the epidural was administered was stated as being moderate to high by 89.9% of the subjects. After the epidural was administered, 89.9% of the respondents reported low to moderate levels of perceived pain. At the time of delivery all of the respondents reported a moderate to high level of pain.

Perception of feelings

During the pre-epidural and post-epidural stage, 89.9% of the respondents reported feelings of anxiousness as being moderate to high (4-6 and 7-9) (Figure 2). All of the respondents at time of delivery reported high (7-9) levels for anxiousness.

Respondents rated a mixture of levels for fear throughout the labor and delivery process (Figure 3). At the time of delivery, 89.8% of the subject reported moderate to high (4-6 and 7-9) levels of fear.

Feelings of happiness were rated by all of the respondents to be moderate to high (4-6 and 7-9) throughout the whole childbirth, with 89.9% of the

respondents reporting moderate to high levels (4-6 and 7-9) of happiness at time of delivery (Figure 4).

Confidence was reported at a moderate to high level (4-6 and 7-9) by all of the subjects during the pre-epidural period (Figure 5). However, as childbirth progressed, some of the subjects began to experience lower levels of confidence. During the post-epidural period, the 89.9% of the subjects rated confidence moderate to high (4-6 and 7-9). At time of delivery, 77.8% of the subjects reported moderate to high levels (4-6 and 7-9) of confidence.

During the pre-epidural period six respondents reported high levels of closeness with their spouse while one reported feeling closeness at a low level (0-3) (Figure 6) and one respondent at a moderate level (4-6). Two subjects reported a low level (0-3) of closeness while the remainder of respondents reported moderate to high levels (4-6 and 7-9) during the post-epidural and delivery period.

Perceptions of concerns

Concerns for both their spouse and baby were reported at a moderate to high level (4-6 and 7-9) throughout childbirth (Figures 7, 8). All of the respondents (missing one set of data at time of delivery) reported a maximum level (score of 9) of concern for their spouse at time of delivery .

Conversely, five or more of the subjects reported no concern for themselves during childbirth (Figure 9). During the post-epidural period and at time of delivery one respondent reported a moderate (4-6) concern for themselves.

The final concern was for the progress of labor (Figure 10). There was a wide range of concern reported by the subjects throughout childbirth. Before the epidural was administered, 77.8% of respondents rated their concern for the progress of labor at moderate to high (4-6 and 7-9). One subject reported this concern at a low level (0-3). After the epidural was

administered all of the subjects reported this concern at a moderate to high level(4-6 and 7-9). At the time of delivery, five subjects reported this concern at a maximum level of nine. Two respondents rated concern for the progress of labor at a low level (0-3) and one respondent rate this concern at a moderate level (4-6).

Additional Comments

There was also opportunity for the new fathers to make any additional comments they had about their childbirth experience. Of the three fathers that added comments, they reported feelings of anxiousness before the epidural was given. One father stated, " Her labor was very difficult and she was experiencing a lot of pain with each contraction." He later went on and stated that, "Her epidural wasn't working and it made the labor hard for both of us." The father then concluded by stating, "Nurses should be very sensitive to the emotions parents are going through."

Another father did not share the same experience. The second father stated that, "The epidural really helped. I was able to work with my wife using the breathing and relaxation techniques we learned in class, and not be so concerned about her pain. It made me more comfortable."

The third father shared generally the same feelings. He stated, "I was really glad my wife had the epidural because it helped her pain and she was more comfortable."

None of the fathers made references to specific feelings or concerns, but tended to make comments on the epidural anesthesia.

Discussion

Demographic data for respondents in this study appeared homogeneous for age, length of time fathers were present during labor and delivery, and time subjects' spouses were administered the epidural. The limited age and education range may be due the small sample size. This

may be related to the fact that the community has predominantly white collar workers and has two colleges.

The first research question addressed the following question: what are the perceptions of first-time fathers regarding their feelings and concerns during the pre-epidural, post-epidural and delivery stages. In reference to the overall means for all feelings, the levels were 5 or higher. Level of pain perceived by subjects was a mean level of 5.53 overall. If an epidural was not used for pain management the level of pain would have been expected to be higher.

Happiness and anxiousness were the rated as the highest level of feeling overall (\bar{X} = 7.59 and 7.36 respectively). Fear was the lowest rated mean (\bar{X} =5.28). Berry's study (1984) summarized that fathers reported feelings as "...77.5% of expectant fathers reported feelings of anxiety, 70% reporting experiencing feelings of happiness and 52.5% reporting feelings of fear "(p. 133). One hundred percent of the subjects reported some level of feeling. The scale that was used to rate the feelings identified by fathers was different than the one used in this study.

Concerns with the highest level overall were concerns for baby and spouse (\bar{X} =8.26 and \bar{X} =8.15 respectively). Concern for self was lowest with an overall reported level of 0.93. These finding are in agreement with what Berry's study found. Berry (1984)stated that concerns "...relating to the progress of labor and relating to the baby...were less predominant than the concerns about the spouse's discomfort" (p. 139).

The second research question addressed the question: Do the levels of feelings or concerns differ during pre-epidural, post-epidural and delivery as identified previously during childbirth? The findings from this study suggest that levels of feelings and concerns differ during the three periods.

The level of pain perceived by subjects was lowest during the post-epidural stage ($\bar{X}=3.56$). At time of delivery the level of perceived pain rose to a mean of 6.71, an increase from the pre-epidural stage. The subsequent rise for time of delivery may be due to the fathers' subject feelings of visualizing the delivery (ie: stretching of the perineum). There may have also been inadequate medication administration of the epidural prior to delivery.

Regarding happiness and its decreasing levels during the stages of labor and delivery, Berry (1984) stated that "...contractions of labor usually increase in strength and frequency during this time, producing increasing discomfort for the spouse" (p.134). This may explain why levels of anxiousness and fear increased. Berry stated also that "An increase in the frequency with which expectant fathers reported experiencing of anxiety would appear to indicate that expectant fathers were concerned about the spouses' discomfort, since the contractions of labor would have been steadily increasing in intensity at the peak of labor" (p. 135). However, it was found in this study that the fathers' perception of pain decreased during the post-epidural stage and their levels of anxiousness and fear still rose. This may be due to the anticipation of the impending birth.

The average level of concern for spouse declined during the post-epidural phase ($\bar{X}=7.56$) compared to the average level of concern during the pre-epidural stage ($\bar{X}=7.89$). The mean level of concern for spouse rose to a higher level than was previously reported before the epidural for delivery. The decreased level during the post-epidural stage may be related to the decreased perception of pain reported by the subjects. Berry (1984) found that 82.5% of expectant fathers reported concerns relating to their spouses during peak of labor. All of the fathers reported a maximum level of concern for their spouses at time of delivery.

In Berry's study (1984), fathers' concerns for self decreased at the peak of labor. Although, the mean level of concern ($\bar{X}=1.00$) did not decrease at delivery in this study, it remained at a low level.

The overall mean of concern for baby was higher than concern for spouse, the average level of concern for baby was lower at time of delivery than spouse. Berry (1984) reported "An equal percentage of expectant fathers reported concern relating to the baby..."(p.141). In addition Berry stated that the "...increase in the frequency of reporting of concerns relating to the baby may have been related to the intensity of labor and the thoughts associated with what effects labor could have on the baby "(p.141).

The average levels of concerns for progress of labor did not decrease steadily, with the mean level at time of delivery ($\bar{X}=6.63$) less than in the pre-epidural stage ($\bar{X}=7.11$). The mean level for concern for the progress of labor was 6.00 after the epidural was administered. Berry (1984) stated that, "The decrease in the frequency of concerns relating to the progress of labor could be expected at this time, since labor was fast coming to an end "(p. 141).

Limitations identified in this study primarily dealt with the small sample size and the use of a convenience sample. Additional limitations were the retrospective nature of the study, in which fathers were asked to recall their perceptions of feelings and concerns during labor and delivery; and the use of one hospital and delivery care system.

Implications

As nurses, we need to be aware of fathers' feelings and concerns during labor and delivery. Individual fathers may need different levels of support during childbirth, so as to decrease negative feelings. Their views toward childbirth also differ. One father stated, "The epidural really helped. I was able to work with my wife using the breathing and relaxation techniques we

learned in class, and not be so concerned about her pain. It made me more comfortable." Another father expressed this thought, "Nurses should be very sensitive to the emotions parents are going through."

Further research is needed in order to understand and identify needs of fathers in childbirth. Fathers are an important asset in supporting their spouses during labor and delivery. Possible research studies that would be beneficial are to (a) replicate the same study using a larger sample, (b) compare couples who choose to have an epidural and those who do not, and (c) include social and cultural variations.

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	Pre-Epidural	Post-Epidural	Delivery	Overall
Pain	6.33	3.56	6.71	5.53
Feelings of...				
Anxiousness	6.33	7.11	8.63	7.36
Fear	4.56	4.78	6.50	5.28
Happiness	8.11	7.67	7.00	7.59
Confidence	6.67	6.78	5.88	6.44
Closeness	6.44	6.00	6.50	6.31
Concerns for...				
Spouse	7.89	7.56	9.00	8.15
Baby	7.67	8.22	8.88	8.26
Self	0.78	1.00	1.00	0.93
Progress of labor	7.11	6.00	6.63	6.58

Table 1. Mean values for variables

Table 1

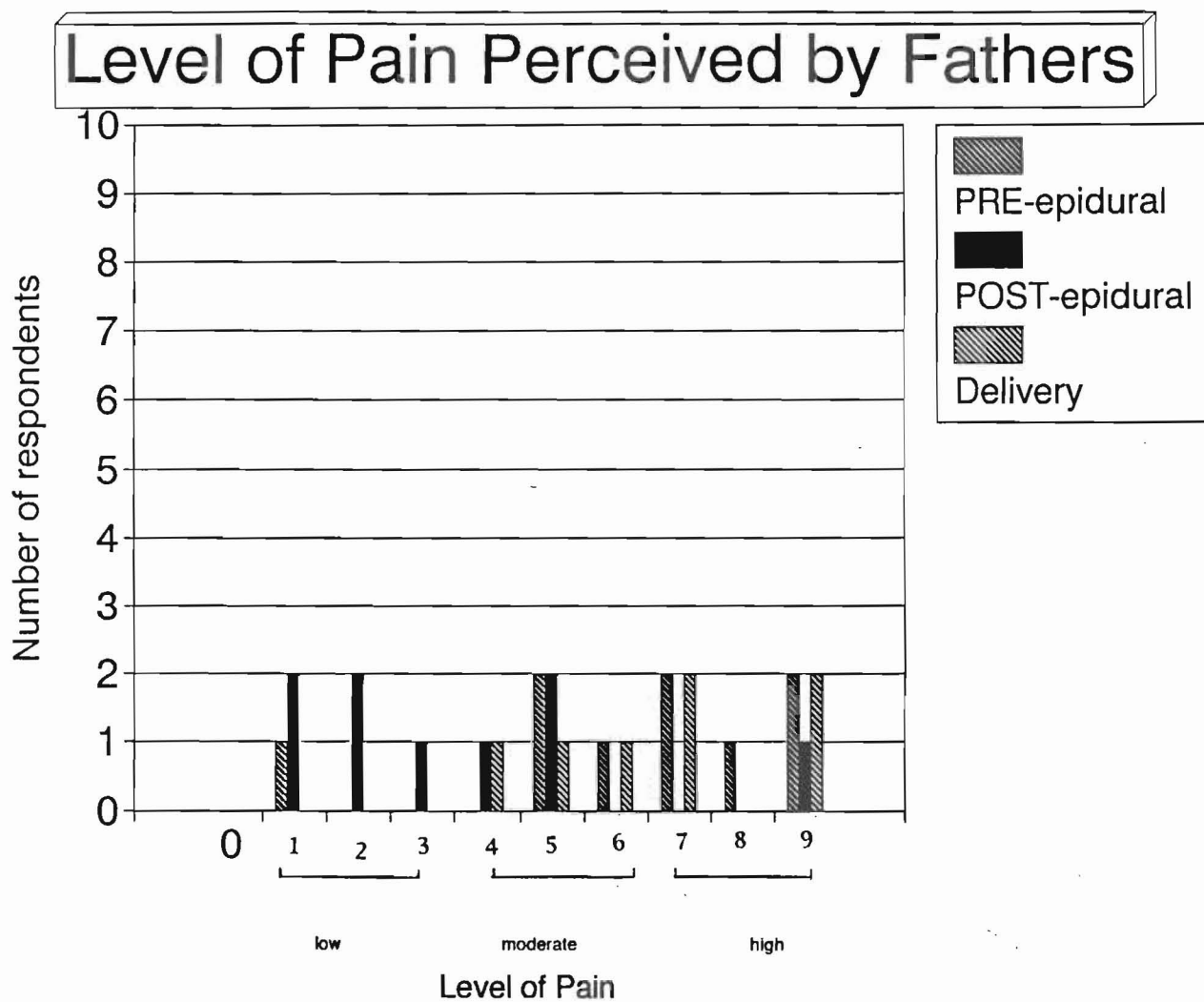


Figure 1

Feelings of Anxiousness

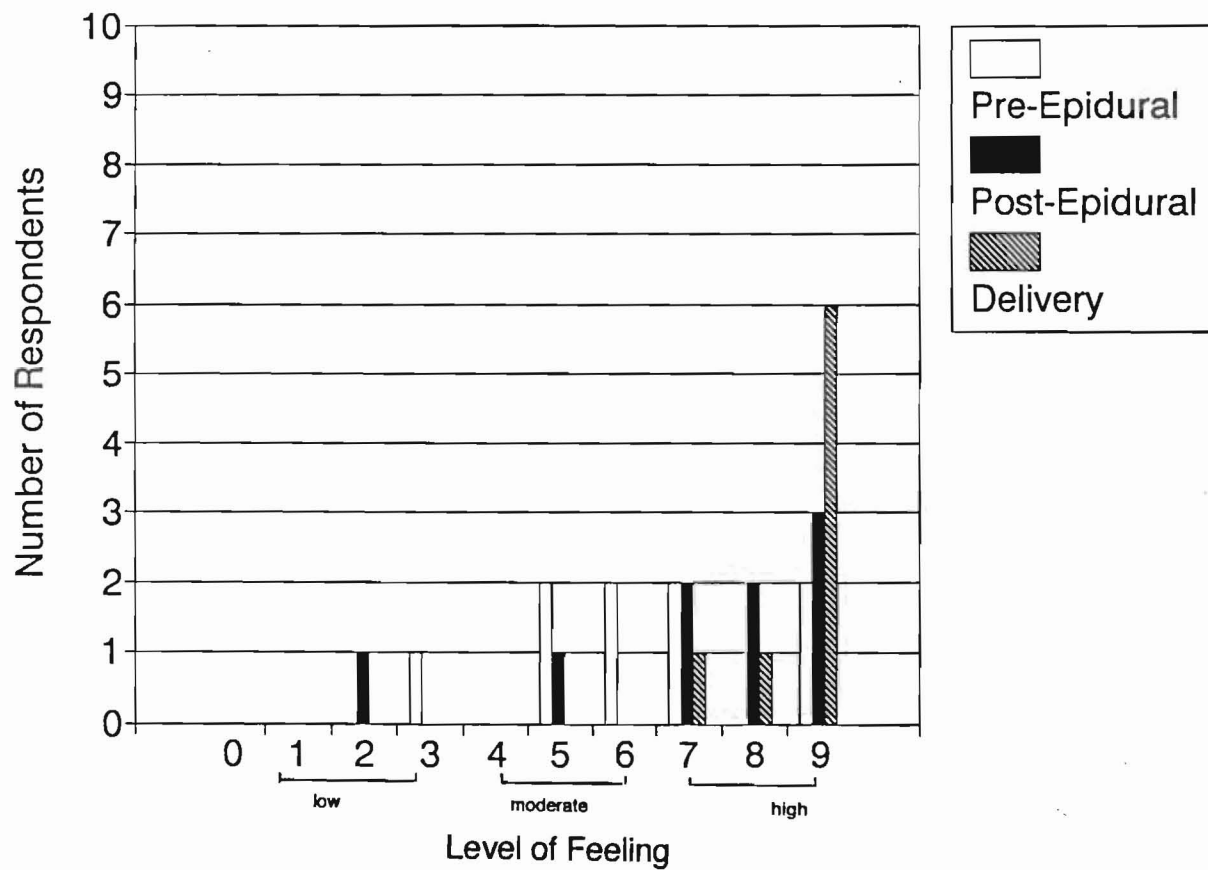


Figure 2

Feelings of Fear

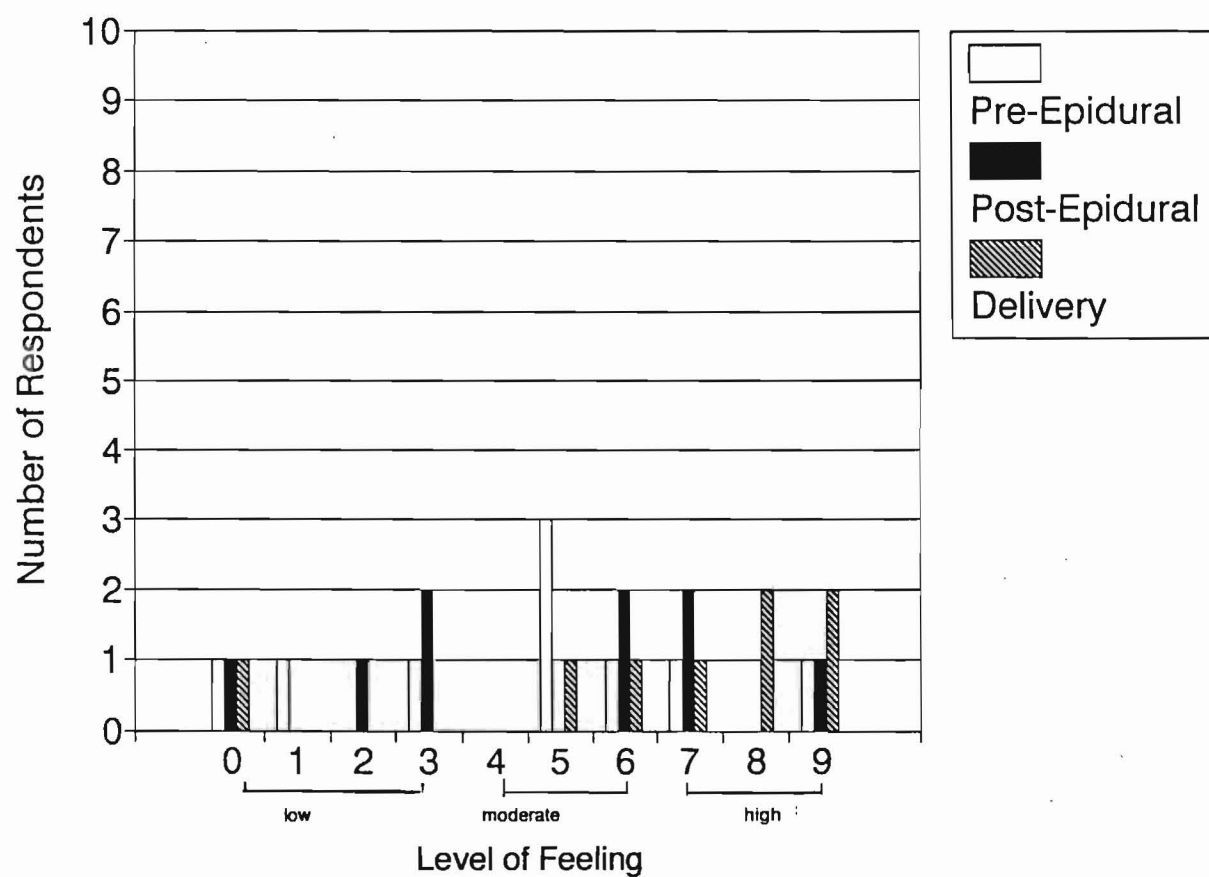


Figure 3

Feelings of Happiness

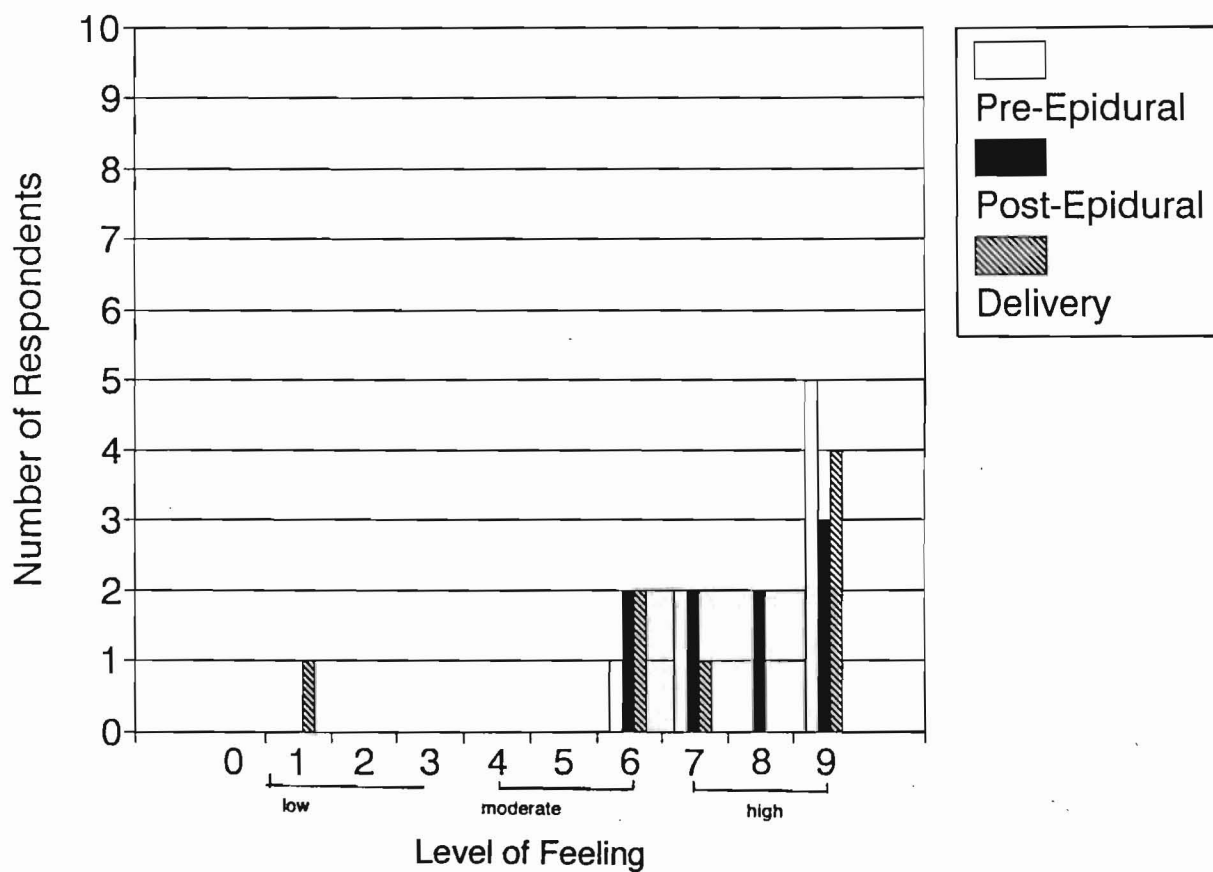


Figure 4

Feelings of Confidence

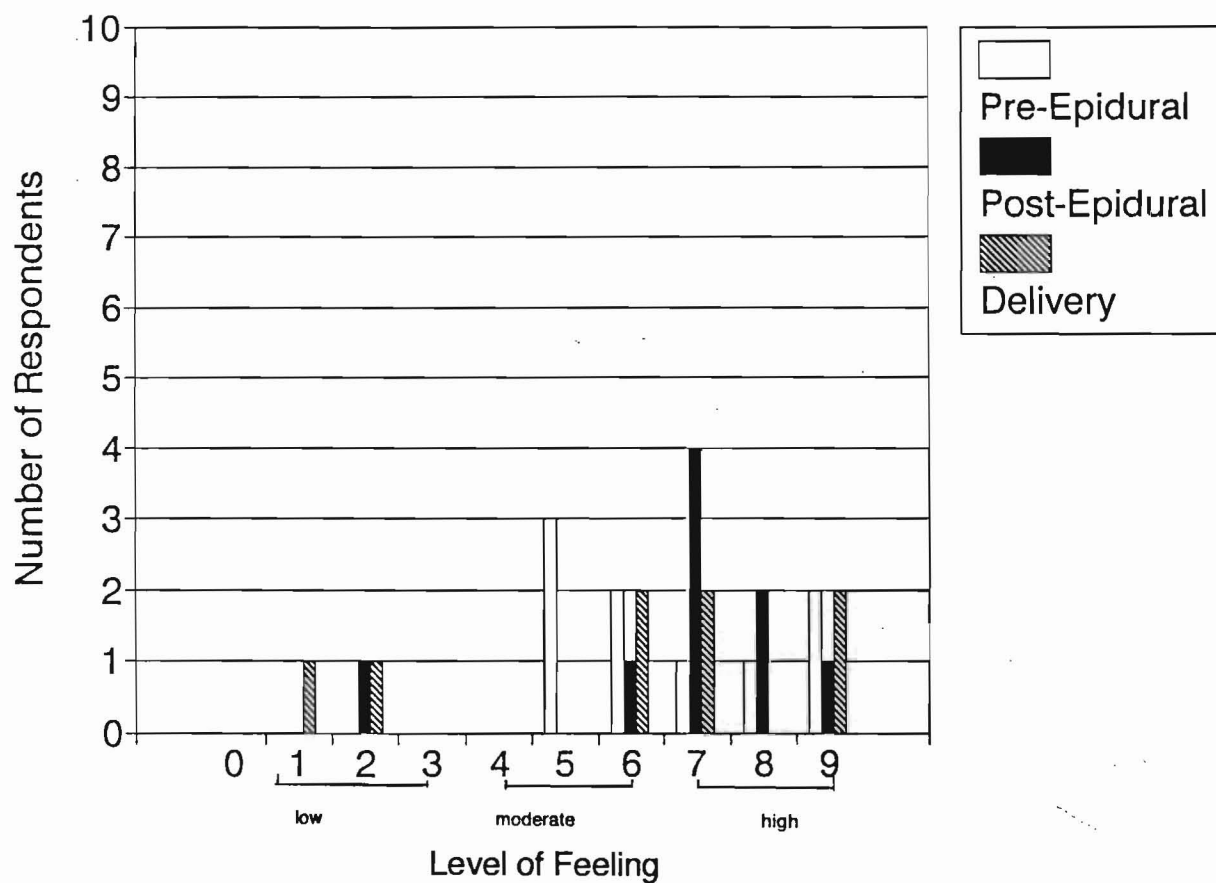


Figure 5

Feelings of Closeness

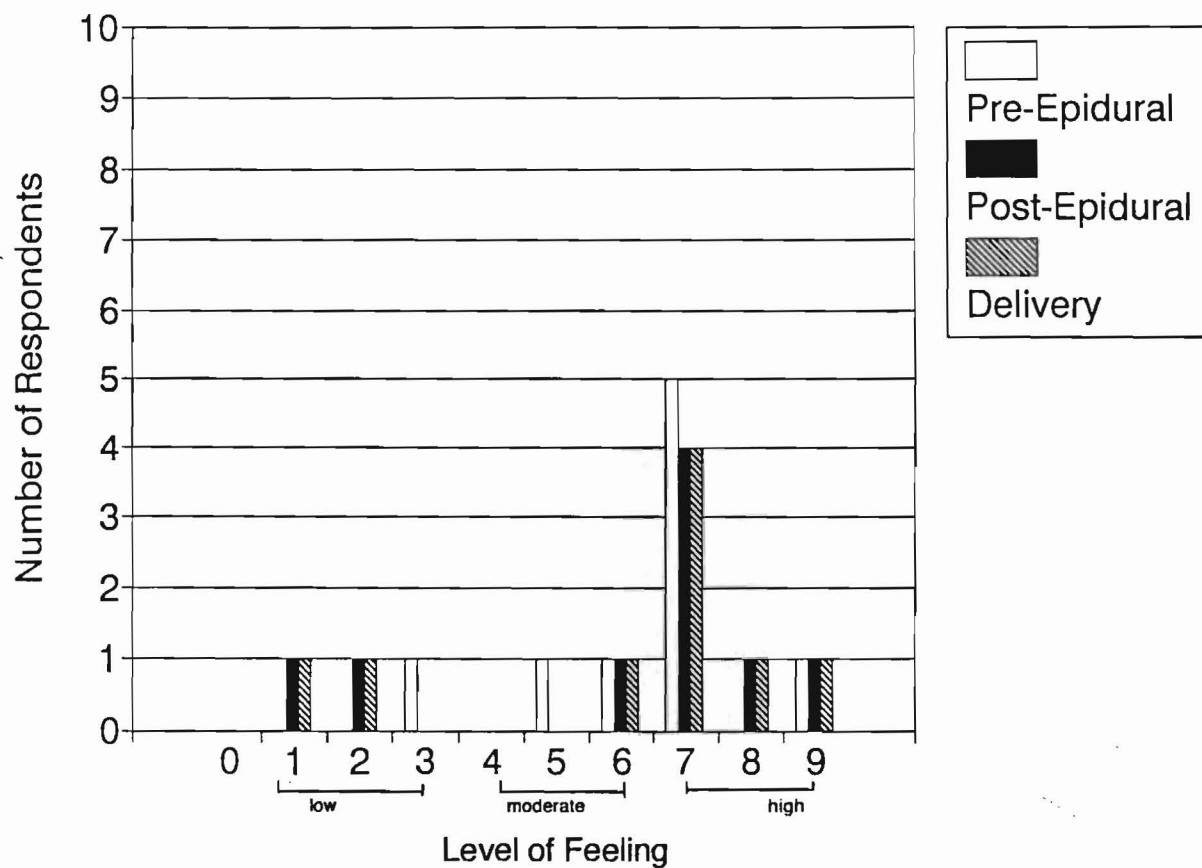


Figure 6

Concerns for Spouse

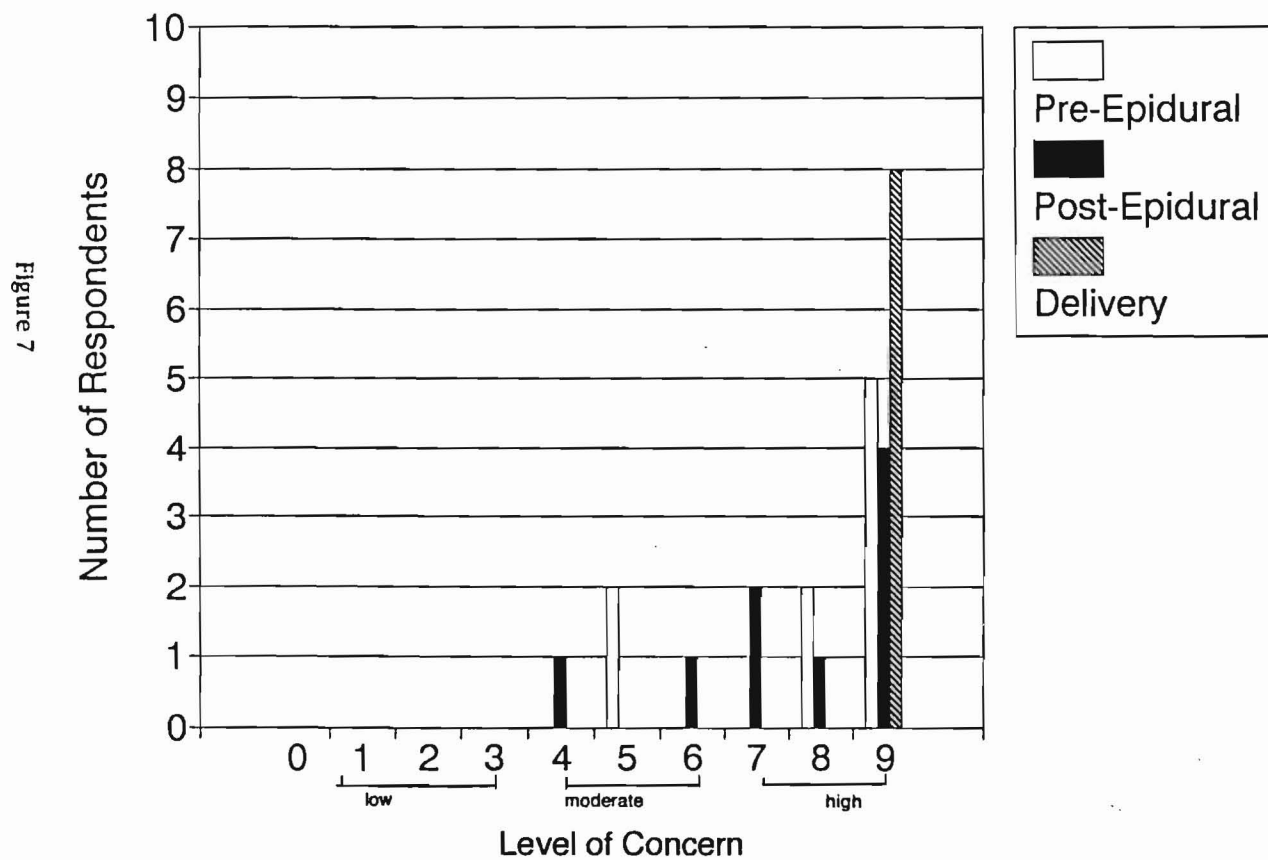


Figure 7

Concerns for Baby

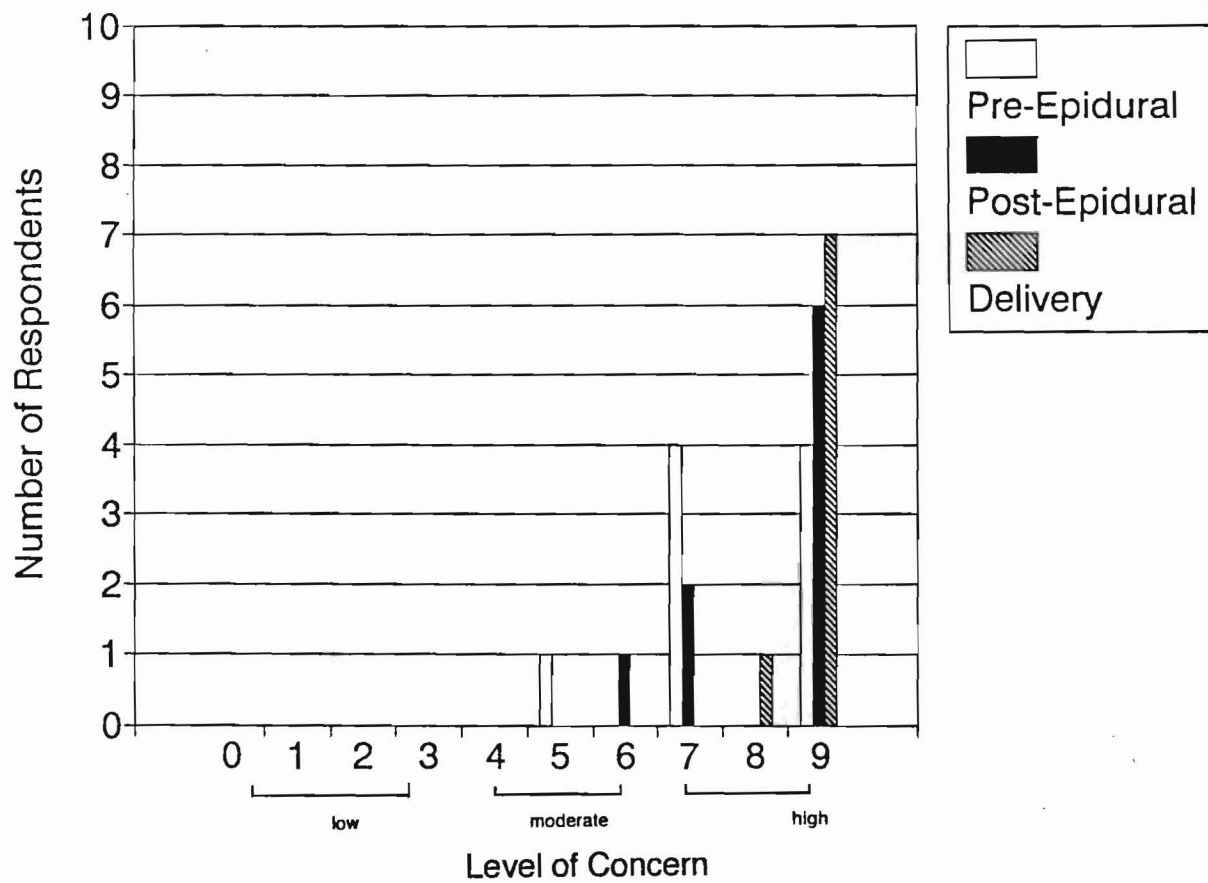


Figure 8

Concerns for Self

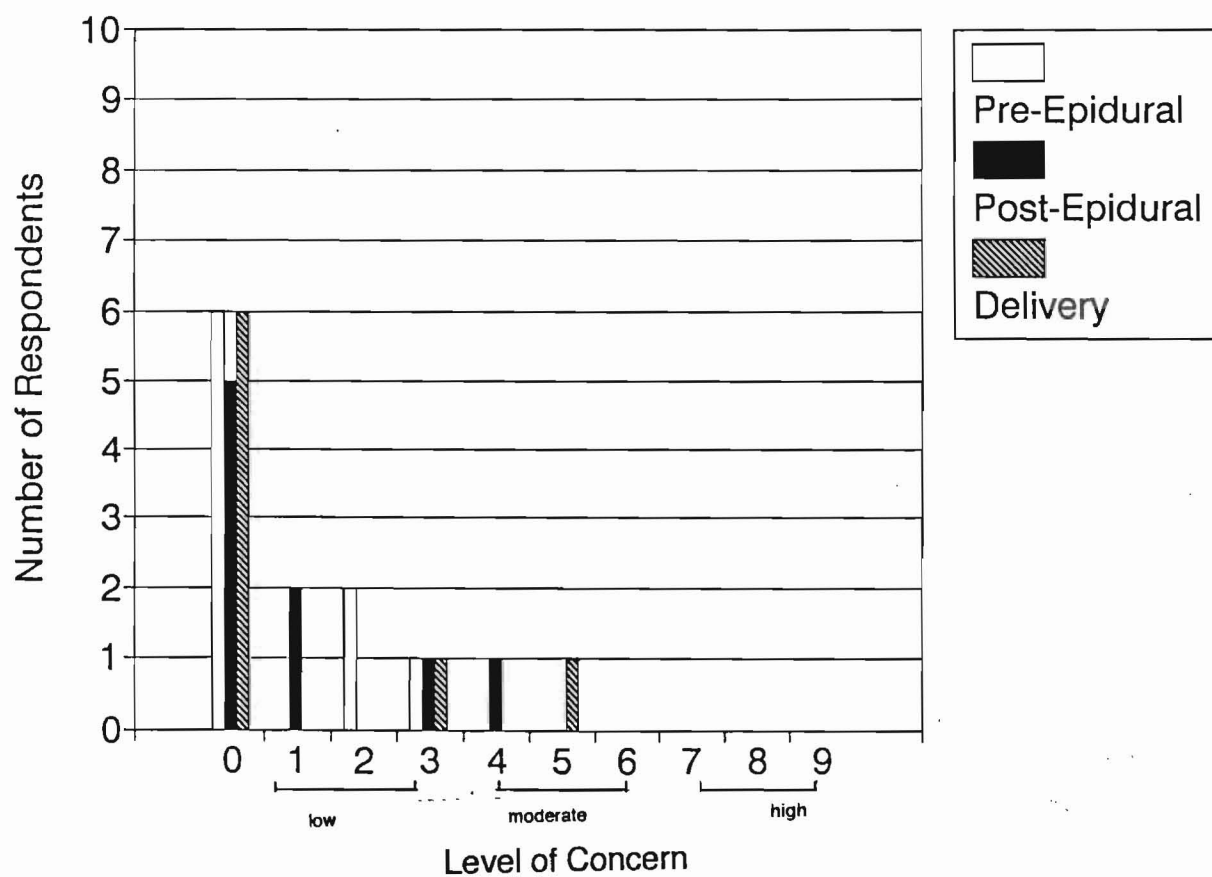


Figure 9

Concerns for Progress of Labor

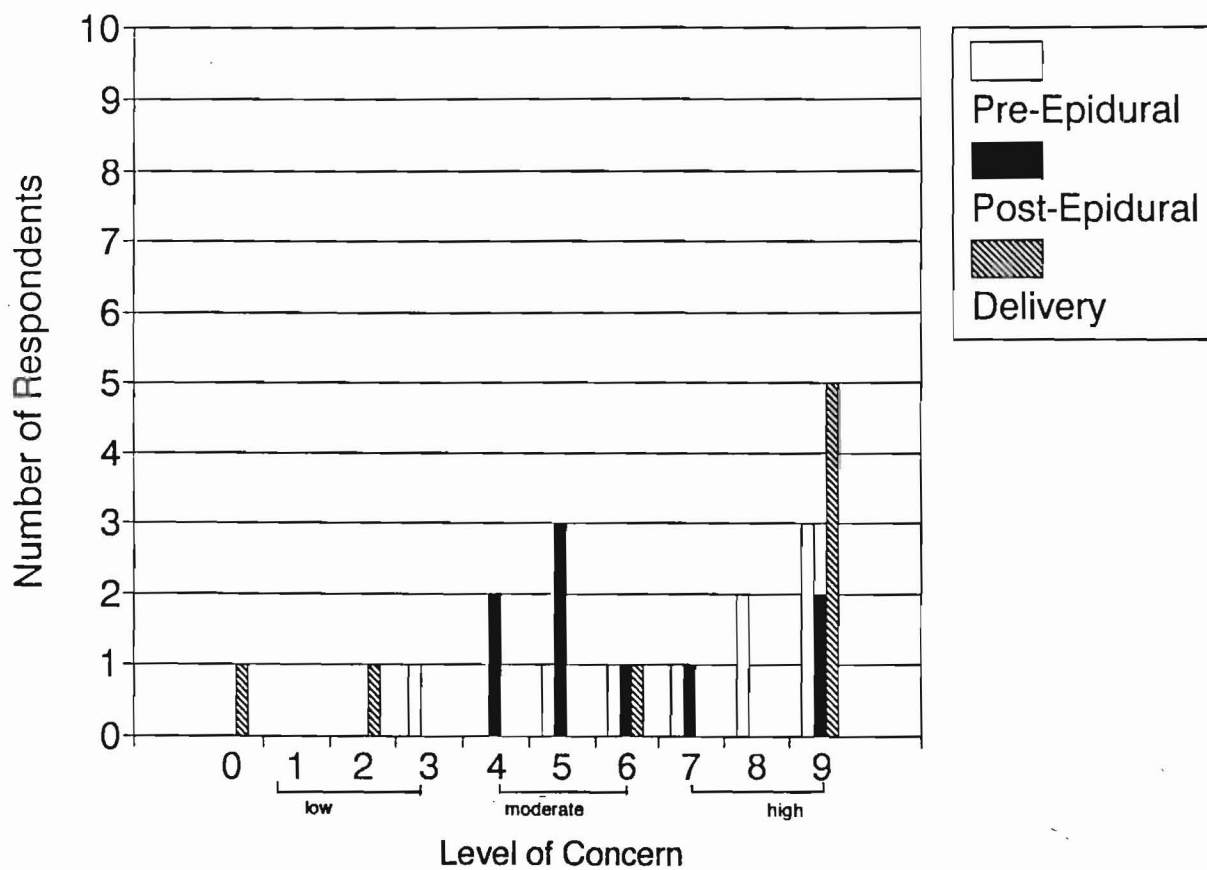


Figure 10

Appendix A

Dear New Father,

As a senior Illinois Wesleyan University nursing student I am conducting an honors project to examine the perceptions/feelings of new fathers and how they recall the labor and delivery experience. I am limiting the study to fathers who meet the following criteria: a.) married at least one year; b.) first baby for both you and your wife; c.) attended a childbirth education class; d.) your wife had an epidural during childbirth. If you can answer yes to each of the above criteria, I encourage you to take a few minutes to complete this brief questionnaire. Information gained from this study will enhance our knowledge of fathers' responses to the birth experience and will enable nurses to better understand the needs of expectant fathers.

Should you agree to take part in this study, please complete the following consent form and questionnaire. There is an additional copy of the consent form for you to keep. All data collected will remain confidential and only be used in group reports for the purpose of this study.

Thank you for taking the time to complete this questionnaire and good luck to you and your family.

I. Demographic Data:

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1. Age_____
2. How long have you been married in years and months? years_____ months_____.
3. Including kindergarten, how many years of education have you completed? Please circle best answer (9 being 8th grade, 13 being high school senior, etc).

9 10 11 12 13 14 15 16 17 18+
4. How many hours ago was your baby born? _____
5. When did your spouse's labor begin? Date_____ Time _____
6. How many total hours was your wife in labor? _____
7. How much of the labor were you with your wife? Please check the best response.

___None of the labor ___Part of the labor ___All of the labor
8. Approximately at what time was your spouse given the epidural? _____
9. To the best of your knowledge, what stage of labor would you say your spouse was at the time the epidural was given? (circle best response)

Early labor--when
contractions mild
and 5-30min apart

Active labor contrac-
tions stronger and
2-5 min apart

Transition--contractions aren't
any stronger and 1 1/2-
3 min apart

II. Survey of feelings and Concerns:

The questionnaire below asks you to respond to questions, recalling your perceptions and/or feelings at three points in the labor and delivery of your new baby: (A) first, after labor began but before the epidural, (B) second, during labor but after the epidural, and (C) third, at the time of the delivery/birth. Each question asks you to "measure" the perception/feeling by circling a number on a rating scale: zero (0) would indicate that you recall having no such perception/feeling while nine (9) would indicate that you recall this perception/feeling at a maximum. (Example: A score of nine for anxiety would indicate great anxiety where as a score of zero would indicate no anxiety.)

A. **Pre-Epidural** (This refers to the time after labor began, but before the epidural was given for pain relief.)

1. How would you rank your spouse's pain during this time, 0 being none to 9 being maximum?

0 1 2 3 4 5 6 7 8 9
2. Often one feels a mixture of feelings. For each of the following feelings, describe how you yourself felt at this time of the labor :

none-----maximum

a. ANXIOUS

0 1 2 3 4 5 6 7 8 9

b. HAPPY

0 1 2 3 4 5 6 7 8 9

	none	-----									maximum	37
c. FEARFUL	0	1	2	3	4	5	6	7	8	9		
d. CLOSE	0	1	2	3	4	5	6	7	8	9		
e. CONFIDENT	0	1	2	3	4	5	6	7	8	9		
f. OTHER	0	1	2	3	4	5	6	7	8	9		
(specify)_____												

3. At this time of the labor,
rate each of the following concerns?

	none									maximum
a. CONCERN FOR SPOUSE	0	1	2	3	4	5	6	7	8	9
b. CONCERN FOR SELF	0	1	2	3	4	5	6	7	8	9
c. CONCERN FOR BABY	0	1	2	3	4	5	6	7	8	9
d. CONCERN FOR THE PROGRESS OF LABOR	0	1	2	3	4	5	6	7	8	9
e. OTHER _____	0	1	2	3	4	5	6	7	8	9

Please use this space to add any comments you would like to make about this time in your wife's labor:

B. Post-epidural (This refers to the time during labor and after the epidural was given.)

- How would you rank your spouse's pain at this time, 0 being none to 9 being maximum? 0 1 2 3 4 5 6 7 8 9
- For each of the following feelings, describe how you yourself felt at this time of the labor :

	none									maximum
a. ANXIOUS	0	1	2	3	4	5	6	7	8	9
b. HAPPY	0	1	2	3	4	5	6	7	8	9
c. FEARFUL	0	1	2	3	4	5	6	7	8	9
d. CLOSE	0	1	2	3	4	5	6	7	8	9
e. CONFIDENT	0	1	2	3	4	5	6	7	8	9
f. OTHER	0	1	2	3	4	5	6	7	8	9

3. At this time of the labor,
rate each of the following concerns?

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	none	-----	maximum
a. CONCERN FOR SPOUSE	0	1 2 3 4 5 6 7 8 9	
b. CONCERN FOR SELF	0	1 2 3 4 5 6 7 8 9	
c. CONCERN FOR BABY	0	1 2 3 4 5 6 7 8 9	
d. CONCERN FOR THE PROGRESS OF LABOR	0	1 2 3 4 5 6 7 8 9	
e. OTHER _____	0	1 2 3 4 5 6 7 8 9	

Please use this space to add any comments you would like to make about this time in your wife's labor:

C. Delivery

1. How would you rank your spouse's pain at this time, 0 being none to 9 being maximum? 0 1 2 3 4 5 6 7 8 9

2. For each of the following feelings, describe how you yourself felt at this time of the labor :

	none	-----	maximum
a. ANXIOUS	0	1 2 3 4 5 6 7 8 9	
b. HAPPY	0	1 2 3 4 5 6 7 8 9	
c. FEARFUL	0	1 2 3 4 5 6 7 8 9	
d. CLOSE	0	1 2 3 4 5 6 7 8 9	
e. CONFIDENT	0	1 2 3 4 5 6 7 8 9	
f. OTHER _____	0	1 2 3 4 5 6 7 8 9	

3. At this time of the labor,
rate each of the following concerns?

	none	-----	maximum
a. CONCERN FOR SPOUSE	0	1 2 3 4 5 6 7 8 9	
b. CONCERN FOR SELF	0	1 2 3 4 5 6 7 8 9	
c. CONCERN FOR BABY	0	1 2 3 4 5 6 7 8 9	
d. CONCERN FOR THE PROGRESS OF LABOR	0	1 2 3 4 5 6 7 8 9	

e. OTHER _____ 0 1 2 3 4 5 6 7 8 9

Additional comments you would like to make:

Thank you again for your time in filling out this questionnaire. Please return it in the envelope.

Appendix B

February 28, 1992

SCHOOL OF
NURSING

Barbara Nathan, R.N., B.S.N.
Vice President, Nursing
BroMenn Regional Medical Center
Virginia at Franklin
Normal, IL 61761

Dear Ms. Nathan

I am a Illinois Wesleyan senior nursing student. This spring I am completing a research honors project with my Committee Chairperson and nursing professor, Dr. Connie Dennis.

The research project I am conducting will examine fathers' perceived feelings of stress during childbirth when their spouses are given epidural anesthesia. The research tool that will be used in this project consists of a brief, self-administered questionnaire for new fathers to fill out within 24-48 hours of the delivery of their baby; it will take approximately 15-20 minutes to complete. Participation in this study would be strictly voluntary and confidential. Included with this letter is a copy of the questionnaire and a descriptive cover letter describing the criteria needed to be included in the study.

I would greatly appreciate it if you would take a few moments of your time to review the questionnaire to be administered for the purposes of this project. Following your review would you please advise me in the steps necessary to obtain institutional approval for distribution of this questionnaire to new father on your hospital's obstetrical unit? I look forward to hearing from you soon and thank you for your time in reviewing this.

Respectfully,

Susan M. Monger
Susan M. Monger

Connie Dennis

Connie Dennis RN, PhD.

Appendix C



P.O. Box 2850, Bloomington, Illinois 61702-2850
Telephone: 309-454-1400 Fax: 309-454-0703

April 1, 1992

Susan Monger
109 E. University
Bloomington, IL 61701

re: New Fathers' Perceptions During Childbirth

Dear Ms. Monger,

The BroMenn Healthcare Institutional Review Board has granted you an expedited approval for your protocol on "New Fathers' Perceptions During Childbirth and What Effect Epidural Anesthesia has on Their Feelings".

Please submit your findings as soon as the project is completed. Please submit this information to Linda Nelson, Medical Records Department.

Sincerely,

Chris Allen, M.D.
Chairman
Institutional Review Board

Appendix D

Study Title: New fathers' perceptions during childbirth and what effect epidural anesthesia has on their feelings.

Investigator: Susan M. Monger

As a senior Illinois Wesleyan University nursing student, Ms. Monger is conducting an honors project to examine perceptions/feelings of new fathers and how they recall the labor and delivery experience when their wives receive epidural anesthesia. Information gained from this study will enhance nurses' knowledge of father' responses to the birth experience so that a better understanding of fathers' needs will be achieved. I realize that participating in this study will require that I complete a questionnaire and that it will take approximately 20 minutes to fill out.

I know that my participation in this study is strictly voluntary. I recognize that I have the right to withdraw at any time and that the care of my family member and my relationship with the health care team will not be affected.

If any questions develop about the study or my participation in the study, I acknowledge that I can reach Ms. Monger and discuss any concerns be telephoning her at 556-2519 (please leave a message) or I may contact Dr. Otis Allen at 827-3881.

I agree to participate in this study, and I have received a copy of this consent form. I have been assured that my identity will not be revealed while the study is being conducted or when the study is published.

date

signature of subject

signature of witness