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Date: 08 March 2018

Sources Searched: Embase, Medline, PsycINFO, CINAHL.

Paternal Stress in Response to Traumatic Delivery

[See full search strategy](#)

1. Exposure to stress during childbirth, dyadic adjustment, partner's resilience, and psychological distress among first-time fathers

Author(s): Zerach, Gadi; Magal, Ortal

Source: Psychology of Men & Masculinity; Apr 2017; vol. 18 (no. 2); p. 123-133

Publication Date: Apr 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Available at [Psychology of Men & Masculinity](#) - from ProQuest PsycARTICLES - NHS

Abstract: This study examined posttraumatic stress disorder symptoms (PTSS) and anxiety symptoms among men attending the birth of their first offspring. Furthermore, the authors examined the moderating role of dyadic adjustment and participants' partner's resilience in the association between exposure to stress during birth and postpartum PTSS and anxiety symptoms. Most studies among men attending childbirth only examined depression symptoms. However, childbirth can be a potentially traumatic event that might result in postnatal PTSS and anxiety symptoms. This is a short-term longitudinal designed study. Participants were Israeli men (N = 171) who were assessed with self-report questionnaires during the third trimester of pregnancy and a month following birth. The rates of postnatal self-reported PTSS (1.2–2.3%) and anxiety symptoms (6%) were relatively low. Dyadic adjustment was negatively related to both PTSS and anxiety symptoms, whereas partner's resilience was negatively related only to anxiety symptoms. Subjective exposure to stress during birth (T2) contributed to PTSS and anxiety in T2, above and beyond other negative life events and PTSS and anxiety in T1. In addition, dyadic adjustment, but not partner's resilience, moderated the relations between subjective exposure to stress during birth and PTSS. Although men attending childbirth reported relatively low PTSS, some are troubled by anxiety-related symptoms. Importantly, low dyadic adjustment and, specifically, dyadic satisfaction during pregnancy, should be considered as a risk factor for PTSS and anxiety symptoms in men who perceived childbirth as stressful. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

2. "Nothing's actually happened to me.": the experiences of fathers who found childbirth traumatic.

Author(s): Etheridge, Jody; Slade, Pauline

Source: BMC pregnancy and childbirth; Mar 2017; vol. 17 (no. 1); p. 80

Publication Date: Mar 2017

Publication Type(s): Journal Article

PubMedID: 28270116

Available at [BMC Pregnancy and Childbirth](#) - from BioMed Central

Abstract:BACKGROUND Given the limited research into men's experiences of being present at childbirth this study explored the experiences of fathers who found childbirth traumatic. The aim of the research was to investigate how men coped with these experiences; the impact on their lives; and their views on what may have helped to reduce distress. METHODS Participants were recruited via websites relating to birth trauma and parenthood. A consent and screening questionnaire was used to ensure that participants met the inclusion criteria of: being resident in the UK; being 16 years or older; having been present at the birth and answering yes to the question "At some point during the childbirth I experienced feelings of intense fear, helplessness or horror". Semi-structured telephone interviews were completed with 11 fathers who reported finding childbirth traumatic. Participants also completed the Impact of Event Scale as a measure of trauma symptoms. Template Analysis was used to analyse the interview data. RESULTS Childbirth was experienced as "a rollercoaster of emotion" because of the speed and unexpectedness of events. Men described fears of death, mirroring their partner's distress; trying 'to keep it together' and helplessly watching a catastrophe unfold. Fathers felt themselves abandoned by staff with a lack of information. Men were subsequently distressed and preoccupied with the birth events but tended to feel that their responses were unjustified and tried to cope through avoidance. Men described the need for support but reluctance to receive it. CONCLUSIONS Fathers may experience extreme distress as a result of childbirth which is exacerbated by aspects of current maternity care. Maternity services need to be aware of the potential impacts of fathers' attendance at childbirth and attend to fathers', as well as mothers', emotional responses.

Database: Medline

3. Effects of an intervention program on maternal and paternal parenting stress after preterm birth: A randomized trial

Author(s): Castel S.; Guillois B.; Beunard A.; Creveuil C.; Blaizot X.; Proia N.

Source: Early Human Development; Dec 2016; vol. 103 ; p. 17-25

Publication Date: Dec 2016

Publication Type(s): Article

PubMedID: 27449367

Abstract:Background Preterm birth causes parenting stress and increases the risk of developmental disorders in children. Our objective was to assess the impact of an early psychological intervention, Triadic parent-infant Relationship Therapy (TRT), on parenting stress, parental mental health and preterm infant development in the motor, language, social, behavioral and emotional domains at a corrected age of 18 months. Methods Sixty-five families of preterm infants were randomly assigned to the intervention group (n = 33) or the control group (n = 32). Families of full-term children (n = 24) were also recruited. Intervention focused on the triadic relationship and aimed to improve parenting stress by supporting parental mental health to promote infant development. The main outcome was assessed with the Parenting Stress Index Short Form (PSI-SF). Results Highly significant differences at 18 months were observed for the mother and father in overall PSI-SF scores, with 16.6, and 11.7 points, respectively, in favor of the intervention group. Children in the intervention group demonstrated higher full-scale developmental quotients than the preterm controls (an 8.7-point difference) along with lower scores on behavioral tests (a 5.8-point difference at 18 months). At 18 months, results for children in the intervention group showed no significant differences compared to the full-term group or were even better. Conclusions Our study provides sound evidence for the efficiency of the TRT program to reduce parenting stress and improve parental mental health for both parents, thus fostering the infant's overall development. Copyright © 2016 Elsevier Ireland Ltd

Database: EMBASE

4. Paternal mental health following perceived traumatic childbirth.

Author(s): Inglis, Christian; Sharman, Rachael; Reed, Rachel

Source: Midwifery; Oct 2016; vol. 41 ; p. 125-131

Publication Date: Oct 2016

Publication Type(s): Journal Article

PubMedID: 27621058

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:OBJECTIVEthe objective behind the current study was to explore the experiences and perceptions of fathers after childbirth trauma, an area of minimal research. This is part two of a two-part series conducted in 2014 researching the mental health of fathers after experiencing a perceived traumatic childbirth.DESIGNqualitative methodology using semi-structured interviews and reporting of qualitative questions administered in part one's online survey (Inglis, 2014).SETTINGinterviews conducted face-to-face at an Australian University or on Skype.PARTICIPANTSsixty-nine responded to the online qualitative questions and of these seven were interviewed.MEASUREMENTSthematic analysis of verbal and written qualitative responses.FINDINGSthematic analysis of qualitative survey data and interviews found a global theme 'standing on the sideline' which encompassed two major themes of witnessing trauma: unknown territory, and the aftermath: dealing with it, and respective subthemes.KEY CONCLUSIONSaccording to the perceptions and experiences of the fathers, there was a significant lack of communication between birthing teams and fathers, and fathers experienced a sense of marginalisation before, during, and after the traumatic childbirth. The findings of this study suggest that these factors contributed to the perception of trauma in the current sample. Whilst many fathers reported the negative impact of the traumatic birth on themselves and their relationships, some reported post-traumatic growth from the experience and others identified friends and family as a valuable source of support.IMPLICATIONS FOR PRACTICEimproved communication between midwifery staff and fathers before, during and after childbirth may reduce the rates of paternal postpartum mental health difficulties and experiences of trauma.

Database: Medline

5. Anxiety Sensitivity Among First-Time Fathers Moderates the Relationship Between Exposure to Stress During Birth and Posttraumatic Stress Symptoms.

Author(s): Zerach, Gadi; Magal, Ortal

Source: The Journal of nervous and mental disease; May 2016; vol. 204 (no. 5); p. 381-387

Publication Date: May 2016

Publication Type(s): Journal Article

PubMedID: 26894317

Available at [The Journal of nervous and mental disease](#) - from Ovid (LWW Total Access Collection 2015 - Q1 with Neurology)

Abstract: This longitudinal study examined posttraumatic stress disorder (PTSD) and anxiety symptoms among men attending the birth of their first offspring. Furthermore, we examined the moderating role of anxiety sensitivity (AS) and intolerance of uncertainty in the association between exposure to stress during birth and PTSD and anxiety symptoms. Participants were Israeli men (n = 171) who were assessed with self-report questionnaires during the third trimester of pregnancy (T1) and approximately a month following birth (T2). Results show that the rates of postnatal PTSD and anxiety symptoms were relatively low. Subjective exposure to stress during birth and AS predicted PTSD in T2, above and beyond other negative life events and PTSD in T1. In addition, AS moderated the relations between subjective exposure to stress during birth and PTSD symptoms. Pregnancy and childbirth professionals may benefit from the insight that men with high levels of AS might experience childbirth as a highly stressful situation with possible posttraumatic stress symptoms.

Database: Medline

6. A meta-ethnographic synthesis of fathers' experiences of complicated births that are potentially traumatic.

Author(s): Elmir, Rakime; Schmied, Virginia

Source: Midwifery; Jan 2016; vol. 32 ; p. 66-74

Publication Date: Jan 2016

Publication Type(s): Meta-analysis Journal Article

PubMedID: 26456407

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:INTRODUCTIONbirth is a natural and for many, life enhancing phenomenon. In rare circumstances however birth can be accompanied with complications that may place the mother and infant at risk of severe trauma or death. Witnessing birth complications or obstetric emergencies can be distressing and potentially traumatic for the father.AIMthe aim of this paper is to report on the findings of a meta-ethnographic synthesis of father's experiences of complicated births that are potentially traumatic.METHODSdatabases searched included CINAHL, Scopus, PubMed and PsycINFO with Full Text. The search was conducted in February and March 2013 and revised in February 2015 for any new papers, and the search was limited to papers published in English, full text and peer-reviewed journals published between January 2000 to December 2013.INCLUSION CRITERIAstudies were included if they focused on fathers/men's experiences of witnessing a birth with complications including a caesarean section or an adverse obstetric event. Studies included needed to use qualitative or mixed methods research designs with a substantial qualitative component. ANALYTIC STRATEGY: a meta-ethnographic approach was used using methods of reciprocal translation guided by the work of Noblit and Hare (1988) on meta-ethnographic techniques. Quality appraisal was undertaken using the Critical Appraisal Skills Programme (CASP) tool.FINDINGSeight qualitative studies with a total of 100 participants were included in the final sample. The men ranged in age from 19 to 50 years.SYNTHESISFour major themes were identified: 'the unfolding crisis', 'stripped of my role: powerless and helpless', 'craving information' and 'scarring the relationship'. Participants described the fear and anxiety they felt as well as having a sense of worthlessness and inadequacy. Men did not receive sufficient information about the unfolding events and subsequently this birth experience impacted on some men's interactions and relationships with their partners.CONCLUSIONSwitnessing a complicated or unexpected adverse birth experience can be distressing for men and some may report symptoms of birth trauma. Being informed by and receiving support from midwives and other health professionals appears to help mitigate the negative impact of birth complications. Effective support may help address men's confusion about their role, however genuinely including men as recipients of care or service in pregnancy, labour and birth raises important questions about whether the father is also a recipient of maternity care and if the transition to fatherhood is itself becoming a medical event?

Database: Medline

7. Fathers' experiences of a vacuum extraction delivery - a qualitative study.

Author(s): Zwedberg, Sofia; Bjerkan, Hilde; Asplund, Erik; Ekéus, Cecilia; Hjelmstedt, Anna

Source: Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives; Oct 2015; vol. 6 (no. 3); p. 164-168

Publication Date: Oct 2015

Publication Type(s): Journal Article

PubMedID: 26842640

Abstract:OBJECTIVETo explore fathers' experiences of a birth by vacuum extraction (VE).METHODA qualitative interview study with 10 fathers analysed with qualitative content analysis.FINDINGSThe theme 'affected but helpless' refers to the father's role changing when childbirth terminates with a VE. From initially being involved in the delivery, his role switches to being merely an observer at the mercy of the professionals' knowledge and guidance. The VE procedure evoked concerns over the mother's and the child's safety and wellbeing, even if the fathers wanted the birth process to be over. The fathers considered the choice of conducting a VE as an adequate alternative, but they expressed concerns about consequences on future decisions. The theme encompasses all the main categories: wish to be involved, anxious observer, turbulent feelings and thoughts about consequences.CONCLUSIONSVE delivery has a strong emotional impact on fathers and the procedure is often experienced as a dramatic way to end a birth and an ultimate way to terminate a long birth process. The results indicate that a lack of support and of a genuine opportunity to participate, as well as the mother's pain impair their experience, not the VE delivery, per se.

Database: Medline

8. The experience of premature birth for fathers: The application of the Clinical Interview for Parents of High-Risk Infants (CLIP) to an Italian sample

Author(s): Candelori, Carla; Trumello, Carmen; Babore, Alessandra; Keren, Miri; Romanelli, Roberta

Source: Frontiers in Psychology; Sep 2015; vol. 6

Publication Date: Sep 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 26483712

Available at [Frontiers in Psychology](#) - from Europe PubMed Central - Open Access

Available at [Frontiers in Psychology](#) - from Free Medical Journals . com

Abstract:Aim: The study explored fathers' experience of premature birth during the hospitalization of their infants, analyzing levels of depressive and anxiety symptoms as compared with mothers. Moreover the Italian version of the Clinical Interview for Parents of High-Risk Infant (CLIP) was tested through confirmatory factor analysis. Methods: Couples of parents (N = 64) of preterm infants (gestational age < 37 weeks) were administered a socio-demographic questionnaire, the Edinburgh Postnatal Depression Scale, the State-Trait Anxiety Inventory and the CLIP after the admission to the Neonatal Intensive Care Unit (NICU). Results: Significant levels of anxiety and depressive symptoms and high percentages of subjects above the corresponding risk thresholds were found among fathers and mothers with higher scores among the latter. Confirmatory factor analysis of the CLIP showed an adequate structure, with better fit for mothers than for fathers. Conclusion: Results highlighted the importance for nurses and clinicians working in the NICU to consider not only the maternal difficulties but also the paternal ones, even if these are often more hidden and silent. In addition the CLIP may be considered an useful interview for research and clinical purposes to be used with parents of high-risk infants. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

9. A meta-synthesis of fathers' experiences of their partner's labour and the birth of their baby.

Author(s): Johansson, M; Fenwick, J; Premberg, A

Source: Midwifery; Jan 2015; vol. 31 (no. 1); p. 9-18

Publication Date: Jan 2015

Publication Type(s): Journal Article

PubMedID: 24906562

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:OBJECTIVEto develop greater understanding of how expectant fathers experience their partner's labour and the subsequent birth of their baby.DESIGNa qualitative meta-synthesis. Data were search for in CINAHL, PubMed, Psych Info and SCOPUS.SETTINGeight studies conducted in England, Malawi, Nepal and Sweden were included.PARTICIPANTS120 fathers with experiences of their partner having a spontaneous vaginal, assisted or surgical birth.MEASUREMENTS AND FINDINGS1st order themes were identified and subsequently grouped into seven 2nd order themes. Finally through a process of exploring patterns and connections seven 3rd order themes were developed which produced new insights into the men's experiences of labour and birth. This meta-synthesis revealed that most men wanted to be actively involved in their partner's labour, present at the birth and respected for what they could contribute. Men recognised that birth was a unique event that may be potentially challenging requiring a level of preparation. There were also men who felt pressured to attend. During the actual experience of labour men commonly expressed overwhelming feelings and inadequacy in their ability to support their partner. They particularly struggled with the 'pain' of labour. Midwives were subsequently identified as best placed to make a significant difference to how men perceived their experiences of labour and what they described as the life changing event of birth.KEY CONCLUSIONsthe expectant fathers' birth experiences were multidimensional. Many were committed to being involved during labour and birth but often felt vulnerable. Being prepared and receiving support were essential elements of positive experience as well as contributing to their ability to adequately support the labouring woman.IMPLICATIONS FOR PRACTICEmen's ability to actively prepare for, and be supported through, the labour and birth process influences their perceptions of the childbirth event as well as their sense of connection to their partner. Couples should be given opportunities to explore expectations and how these may influence their own construction of their role during the birth process. While the role of expectant fathers in labour and birth should be facilitated and supported arguably their wish not to participate should be afforded the same respect.

Database: Medline

10. Fathers' experience of childbirth when non-progressive labour occurs and augmentation is established. A qualitative study.

Author(s): Hasman, Kirsten; Kjaergaard, Hanne; Esbensen, Bente Appel

Source: Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives; Jun 2014; vol. 5 (no. 2); p. 69-73

Publication Date: Jun 2014

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 24814441

Abstract:OBJECTIVEAugmentation with oxytocin during labour has increased in Western obstetrics over the last few decades. The aim of this study was to describe how fathers experienced childbirth when non-progressive labour occurred and augmentation was established.METHODA qualitative descriptive design. Ten fathers were interviewed 4-15 weeks post partum. The interviews were semi-structured and were analyzed using Braun and Clarke's thematic analysis.RESULTSThe analysis revealed three themes and four sub-themes. The themes were: (1) A rational approach to own role, (2) Labour and birth as uncontrollable processes and (3) Relief about the decision of augmentation. The fathers had a rational approach and felt powerless when the process of labour was uncontrollable. They felt they were not able to help their partners in pain when non-progressive labour occurred. They experienced relief when augmentation was established because of the subsequent progression of labour, and because it was then easier to find a role as a helper.CONCLUSIONThis study demonstrates that fathers feel relieved when augmentation is established. In addition, the study underlines that fathers, in order to regain control after experiencing the non-progressive labour, need directions from the midwives to carry out appropriate and usefull tasks.

Database: Medline

11. Experiences of fathers shortly after the birth of their preterm infants.

Author(s): Hugill, Kevin; Letherby, Gayle; Reid, Tilly; Lavender, Tina

Source: Journal of obstetric, gynecologic, and neonatal nursing : JOGNN; 2013; vol. 42 (no. 6); p. 655-663

Publication Date: 2013

Publication Type(s): Journal Article Observational Study

PubMedID: 25966507

Abstract:OBJECTIVETo explore the experiences of fathers shortly after the birth of their preterm infants.DESIGN/METHODA focused ethnography conducted over 33 months (2003–2006) in the neonatal intensive care unit (NICU) of a large U.K. National Health Trust (NHS) teaching hospital. Data were collected through participant observation, in-depth interviews with fathers (n = 10), and an ethnographic survey distributed to NICU staff (n = 87). Practices and relationships with fathers were concurrently analyzed thematically through the conceptual perspective of emotion work.FINDINGSFathers' emotional reactions to their experiences were described in three themes: emotional withdrawal and control, stereotyping, and mixed feelings. Fathers' emotional behaviors were governed by complex, culturally determined conventions and expectations.CONCLUSIONSFathers engaged in considerable effort to manage their emotions as they attempted to reconcile the tension between what they wanted to feel and what they thought others expected them to feel. The results of this study support the view that focusing on emotional externalities alone tends to underplay the amount of emotion work carried out by less expressive individuals; this "silent emotion work" was characteristic of the fathers in this study.

Database: Medline

12. A qualitative study of new fathers' experiences of care in relation to complicated childbirth.

Author(s): Lindberg, Inger; Engström, Asa

Source: Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives; Dec 2013; vol. 4 (no. 4); p. 147-152

Publication Date: Dec 2013

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 24216044

Abstract:OBJECTIVEThe objective of the study was to describe new fathers' experiences with care related to complicated childbirth.METHODSA qualitative approach consisting of individual interviews using a semi-structured interview guide with open-ended questions was applied. A purposive sample of eight fathers participated. The interview text was subjected to qualitative thematic content analysis.RESULTSAnalysis revealed the following three categories: (1) feeling scared and uncared for during acute situations; (2) appreciating the opportunity to participate in care and becoming a family; and (3) needing continued care. Based on these three categories, a recurring theme was identified: struggling to be recognized by care staff as a partner in the family was revealed.CONCLUSIONAlthough fathers lack support and understanding from care staff, they strive to fulfill their roles as fathers by guarding their families and keeping them together. Caregivers involved in the childbirth process should realize that by acknowledging and encouraging fathers in these roles, they in turn support the entire family unit. Interventions developed for fathers and family care requires further development. Additional research concerning how midwives and critical care nurses (CCNs) view the presence of fathers in the emergency situations that may accompany childbirth is also needed.

Database: Medline

13. A bystander or a father: men's experiences of birth trauma.

Author(s): Elmir, Rakime

Source: Australian nursing & midwifery journal; Sep 2013; vol. 21 (no. 3); p. 50-51

Publication Date: Sep 2013

Publication Type(s): Journal Article

PubMedID: 24279105

Available at [Australian nursing & midwifery journal](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Australian nursing & midwifery journal](#) - from EBSCO (CINAHL with Full Text)

Database: Medline

14. Parental perceptions and experiences after childbirth: a comparison between mothers and fathers of term and preterm infants

Author(s): Tooten A.; Hoffenkamp H.N.; Hall R.A.; Braeken J.; Vingerhoets A.J.; van Bakel H.J.

Source: Birth (Berkeley, Calif.); Sep 2013; vol. 40 (no. 3); p. 164-171

Publication Date: Sep 2013

Publication Type(s): Article

PubMedID: 24635501

Available at [Birth \(Berkeley, Calif.\)](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

Abstract:Parents experience a lot of positive and negative feelings and emotions after birth. The main purpose of this study was to compare perceptions and experiences of mothers and fathers with term, moderately and very preterm infants. We included 202 infants with both parents, divided into three groups: 1) term infants (≥ 37 weeks' gestation), 2) moderately preterm infants (≥ 32 - <37 weeks' gestation) and 3) very preterm infants (< 32 weeks' gestation). The Clinical Interview for Parents of High-risk Infants (CLIP) was used to examine parental perceptions and experiences in eight areas: 1) Infant's current condition, 2) Course of the pregnancy, 3) Labor and delivery, 4) Relationship with infant and feelings as a parent, 5) Reactions to hospital and staff, 6) Support system, 7) Discharge and beyond, and 8) Quality of narratives during the interview. The lower the gestational age of the infant, the more negative parental experiences and perceptions were on the following five areas: infant's current condition, pregnancy course, labor and delivery, relationship with the infant, and discharge and beyond. No differences were found between maternal and paternal perceptions on any of the eight CLIP areas. Negative parental perceptions and experiences were mainly associated with the gestational age of the infant and not at all with the gender of the parent. These findings resulted in several recommendations to optimize care for parents after preterm birth. © 2013, Copyright the Authors Journal compilation © 2013, Wiley Periodicals, Inc.

Database: EMBASE

15. Fear of childbirth in expectant fathers, subsequent childbirth experience and impact of antenatal education: Subanalysis of results from a randomized controlled trial

Author(s): Bergstrom M.; Waldenstrom U.; Rudman A.; Kieler H.

Source: Acta Obstetricia et Gynecologica Scandinavica; Aug 2013; vol. 92 (no. 8); p. 967-973

Publication Date: Aug 2013

Publication Type(s): Article

PubMedID: 23590647

Available at [Acta obstetricia et gynecologica Scandinavica](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

Abstract:Objective To explore if antenatal fear of childbirth in men affects their experience of the birth event and if this experience is associated with type of childbirth preparation. Design Data from a randomized controlled multicenter trial on antenatal education. Setting 15 antenatal clinics in Sweden between January 2006 and May 2007. Sample 762 men, of whom 83 (10.9%) suffered from fear of childbirth. Of these 83 men, 39 were randomized to psychoprophylaxis childbirth preparation where men were trained to coach their partners during labor and 44 to standard care antenatal preparation for childbirth and parenthood without such training. Methods Experience of childbirth was compared between men with and without fear of childbirth regardless of randomization, and between fearful men in the randomized groups. Analyses by logistic regression adjusted for sociodemographic variables. Main outcome measures Self-reported data on experience of childbirth including an adapted version of the Wijma Delivery Experience Questionnaire (W-DEQ B). Results Men with antenatal fear of childbirth more often experienced childbirth as frightening than men without fear: adjusted odds ratio 4.68, 95% confidence interval 2.67-8.20. Men with antenatal fear in the psychoprophylaxis group rated childbirth as frightening less often than those in standard care: adjusted odds ratio 0.30, 95% confidence interval 0.10-0.95. Conclusions Men who suffer from antenatal fear of childbirth are at higher risk of experiencing childbirth as frightening. Childbirth preparation including training as a coach may help fearful men to a more positive childbirth experience. Additional studies are needed to support this conclusion. © 2013 Nordic Federation of Societies of Obstetrics and Gynecology.

Database: EMBASE

16. The effectiveness of early intervention on paternal stress for fathers of premature infants admitted to a neonatal intensive care unit.

Author(s): Lee, Tzu-Ying; Wang, Mo-Mei; Lin, Kuan-Chia; Kao, Chien-Huei

Source: Journal of advanced nursing; May 2013; vol. 69 (no. 5); p. 1085-1095

Publication Date: May 2013

Publication Type(s): Comparative Study Journal Article Validation Studies

PubMedID: 22813358

Available at [Journal of advanced nursing](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

Abstract:AIM This article is a report of a study to evaluate the effectiveness of an intervention on fathering ability, perceived nurse's support and paternal stress after a preterm infant's admission to a neonatal intensive care unit. BACKGROUND The birth of a premature infant who is admitted to a neonatal intensive care unit is a stressful experience. Due to the maternal postpartum practice in Taiwan, the father is the main visitor of the infant during the first few weeks, but interventions have rarely focused on the father. DESIGN A historical comparison study. METHODS Between August 2009-July 2010, 35 fathers in the comparison group received routine care; 34 fathers in the intervention group received a booklet designed for the fathers during their visits to the neonatal intensive care unit and nurses' guidance based on the contents of the booklet. Fathering ability, perceived nurse's support and paternal stress were measured. FINDINGS The intervention group had a significantly higher fathering ability and perceived nurse support than the comparison group. In the intervention group, the increased fathering ability reduced paternal stress. After adjusting for severity of illness, a significant moderating effect of perceived nurse support on the relationship between fathering ability and paternal stress was found, accounting for 59.5% of variance. CONCLUSION Designing a supportive intervention which provides informational, emotional, instrumental, and esteem support for the father can effectively empower his fathering ability and reduce his stress. The intervention should be initiated from the early admission of the premature infant to the neonatal intensive care unit.

Database: Medline

17. Fathers with PTSD and depression in pregnancies complicated by preterm preeclampsia or PPROM.

Author(s): Stramrood, Claire A I; Doornbos, Bennard; Wessel, Ineke; van Geenen, Marloes; Aarnoudse, Jan G; van den Berg, Paul P; Weijmar Schultz, Willibrord C M; van Pampus, Maria G

Source: Archives of gynecology and obstetrics; Apr 2013; vol. 287 (no. 4); p. 653-661

Publication Date: Apr 2013

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 23179796

Available at [Archives of Gynecology and Obstetrics](#) - from SpringerLink

Available at [Archives of Gynecology and Obstetrics](#) - from rug.nl

Abstract: PURPOSE To assess prevalence and risk factors for posttraumatic stress disorder (PTSD) and depression in fathers after early preeclampsia (PE) or preterm premature rupture of membranes (PPROM). METHODS Partners of patients hospitalized for PE or PPROM and partners of healthy controls completed PTSD (PSS-SR) and depression (BDI-II) questionnaires during pregnancy (t 1) and 6 weeks postpartum (t 2). 85 of the 187 eligible men participated (51 partners of patients, 34 partners of control) at t 1, and 66 men participated both time points. RESULTS No significant differences were found between partners of patients and partners of controls in symptoms of PTSD and depression (t 1: $p = 0.28$ for PTSD and $p = 0.34$ for depression; t 2: $p = 0.08$ for PTSD and $p = 0.31$ for depression). For partners of patients, correlation between PTSD and depression sum-scores was 0.48 ($p < 0.001$) at t 1 and 0.86 ($p < 0.001$) at t 2. Within-couple correlation was low and not significant during pregnancy, but strong at postpartum (PSS-SR: $r = 0.62$, $p < 0.001$; BDI-II: $r = 0.59$, $p < 0.001$). Higher paternal age was associated with more symptoms of PTSD and depression postpartum in partners of patients. Symptoms of PTSD and depression during pregnancy predicted the occurrence of PTSD symptoms following childbirth in partners of patients. CONCLUSION Symptoms of PTSD and depression occurred at a similar rate in partners of women with PE or PPROM and partners of healthy pregnant controls. Symptoms of PTSD and depression during pregnancy predicted the occurrence of PTSD symptoms following childbirth. Increased paternal age predicted more symptoms of PTSD and depression postpartum. At 6 weeks postpartum, a strong association was found between men and women in symptoms of PTSD and depression.

Database: Medline

18. Being there: a qualitative interview study with fathers present during the resuscitation of their baby at delivery.

Author(s): Harvey, Merryl E; Pattison, Helen M

Source: Archives of disease in childhood. Fetal and neonatal edition; Nov 2012; vol. 97 (no. 6); p. F439

Publication Date: Nov 2012

Publication Type(s): Journal Article

PubMedID: 22375023

Available at [Archives of Disease in Childhood - Fetal and Neonatal Edition](#) - from BMJ Journals - NHS

Abstract:OBJECTIVETo explore fathers' experiences of the resuscitation of their baby at delivery.DESIGNA descriptive, retrospective design using tape-recorded semistructured interviews with fathers present during the resuscitation of their baby at delivery. Fathers described what happened, their interactions with healthcare professionals, their feelings at the time and afterwards.SETTINGParticipants were recruited from a large teaching hospital in the UK.PARTICIPANTSA purposive sample of 20 fathers whose baby required resuscitation at delivery.RESULTSParticipant responses were analysed using thematic analysis. Four broad themes were identified: 'preparation', 'knowing what happened', 'his response' and 'impact on him'. Fathers had no difficulty recalling their emotions during the resuscitation. These feelings remained vivid and were mostly negative. Most fathers wanted to go to their baby during the resuscitation but did not do so. They felt they should stay with their partner, did not want to impede the resuscitation or felt they were not 'allowed' to go to their baby. The fathers' position in the room and the extent to which they were focusing on their partner had an impact on their recollection of what happened. Fathers had no opportunity to discuss the resuscitation with healthcare professionals afterwards. Several fathers felt they had not yet recovered from the experience and a few had symptoms synonymous with post-traumatic stress disorder.CONCLUSIONThis is the first study to specifically explore fathers' experiences of newborn resuscitation. The findings should inform healthcare education, policy development and the provision of support to fathers.

Database: Medline

19. Can father inclusive practice reduce paternal postnatal anxiety? A repeated measures cohort study using the Hospital Anxiety and Depression Scale.

Author(s): Tohotoa, Jenny; Maycock, Bruce; Hauck, Yvonne L; Dhaliwal, Satvinder; Howat, Peter; Burns, Sharyn; Binns, Colin W

Source: BMC pregnancy and childbirth; Jul 2012; vol. 12 ; p. 75

Publication Date: Jul 2012

Publication Type(s): Research Support, Non-u.s. Gov't Randomized Controlled Trial Multicenter Study Journal Article

PubMedID: 22849509

Available at [BMC Pregnancy and Childbirth](#) - from BioMed Central

Available at [BMC Pregnancy and Childbirth](#) - from Europe PubMed Central - Open Access

Abstract:BACKGROUND Perinatal research on anxiety and depression has primarily focused on mothers. We have limited knowledge of fathers' anxiety during the perinatal period yet there is evidence that the parenting capacity of a person can be compromised by anxiety and depression. The purpose of this paper is to identify the impact of a father inclusive intervention on perinatal anxiety and depression. The prime focus of the intervention was to provide education and support to fathers of breastfeeding partners with the aim of increasing both initiation and duration of breastfeeding. METHODS A repeated measures cohort study was conducted during a RCT that was implemented across eight public maternity hospitals in Perth, Western Australia between May 2008 and June 2009. A baseline questionnaire which included the Hospital Anxiety and Depression Scale (HADS) was administered to all participants on the first night of their hospital based antenatal education program and was repeated at six weeks postnatal. SPSS version 17 was used for reporting descriptive results. RESULTS The mean anxiety levels at baseline for the fathers in the intervention group (n=289) and control group (n=244) were 4.58 and 4.22 respectively. At 6 weeks postnatal (only matched pairs), intervention and control group were 3.93 and 3.79. More intervention group fathers self-rated less anxiety compared to the fathers in the control group from baseline to post test (p=0.048). Depression scores for intervention fathers at baseline (mean=1.09) and at six weeks (mean=1.09) were very similar to fathers in the control group at baseline (mean=1.11) and at six weeks (mean=1.07) with no significant changes. CONCLUSIONS Both intervention and control group fathers experienced some anxiety prior to the birth of their baby, but this was rapidly reduced at six weeks. Paternal anxiety is common to new fathers and providing them with information and strategies for problem-solving can increase their knowledge and potentially lower the risk of postnatal anxiety. TRIAL REGISTRATION (Australian New Zealand Clinical Trials Registry ACTRN12609000667213).

Database: Medline

20. Childbirth - an emotionally demanding experience for fathers.

Author(s): Johansson, Margareta; Rubertsson, Christine; Rådestad, Ingela; Hildingsson, Ingegerd

Source: Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives; Mar 2012; vol. 3 (no. 1); p. 11-20

Publication Date: Mar 2012

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 22325797

Abstract:BACKGROUND While attending birth mostly has a positive impact on becoming a father, it has also been described as including feelings of discomfort and is more demanding than expected. OBJECTIVE The objective was to explore Swedish fathers' birth experiences, and factors associated with a less-positive birth experience. METHODS Mixed methods including quantitative and qualitative data were used. Two months after birth 827 fathers answered a questionnaire and 111 (13%) of these commented on the birth experience. Data were analysed with descriptive statistics, chi-square test for independence, risk ratios with a 95% confidence interval, logistic regression and content analysis. RESULTS In total, 604 (74%) of the fathers had a positive or very positive birth experience. Used method identified a less-positive birth experience associated with emergency caesarean section (RR 7.5; 4.1-13.6), instrumental vaginal birth (RR 4.2; 2.3-8.0), and dissatisfaction with the partner's medical care (RR 4.6; 2.7-7.8). Healthcare professionals' competence and approach to the fathers were also related to the birth experience. CONCLUSIONS As the fathers' birth experiences were associated with mode of birth and experiences of the intrapartum medical care fathers should be respectfully and empathically treated during labour and birth. It is essential to better engage fathers during the intrapartum period through involvement and support to improve the likelihood of a positive birth experience.

Database: Medline

21. Living Through the Unexpected: Two Fathers Share Their Experience with Postpartum Hemorrhage.

Author(s): Gephart, Sheila M.; Cholette, Meghan

Source: International Journal of Childbirth Education; Nov 2011; vol. 26 (no. 4); p. 49-52

Publication Date: Nov 2011

Publication Type(s): Academic Journal

Available at [International Journal of Childbirth Education](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [International Journal of Childbirth Education](#) - from EBSCO (CINAHL with Full Text)

Abstract: Postpartum hemorrhage (PPH) is a serious, life-threatening and unexpected obstetrical event. Childbirth educators and perinatal nurses are carefully trained to prepare parents for labour and birth, including how to respond to unexpected events. Fathers are taught to perform as coaches during labour and birth, but when a PPH occurs, fathers may feel as if they are helpless bystanders. This article describes two father's experience with PPH and how they adapted as a family to 'live through' the complicated post-partum course.

Database: CINAHL

22. "What about the men?" supporting fathers through birth trauma

Author(s): Jessop E.; Fox P.

Source: Journal of Reproductive and Infant Psychology; Jul 2011; vol. 29 (no. 3)

Publication Date: Jul 2011

Publication Type(s): Conference Abstract

Available at [Journal of Reproductive and Infant Psychology](#) - from EBSCO (CINAHL with Full Text)

Abstract:Birth trauma can affect men and women and failure to address such mental distress can result in serious consequences for psychological health. In contrast to support for new mothers, little is known about the nature of support for fathers. This qualitative study explored the experiences of five counsellors, who counsel fathers experiencing birth trauma. Semi-structured interviews investigated counselling strategies and how the birth trauma experiences of men and women compared. Ethical approval was granted by the University of West London's Psychology Ethics Committee. Bottom-up thematic analysis identified three superordinate themes: male client as reluctant help seeker, counsellor persona and counsellor as authority. Counsellors perceived that men were reluctant to seek help as it contradicts social expectations that birth is a female event at which they play a supportive role. Consequently, counsellors adopted a more sensitive and proactive counselling persona to counter such reluctance. In contrast, the counsellor as authority focused on men's trauma, using similar counselling strategies (e.g. cognitive reappraisal via storytelling) to those adopted with women. This research supports growing evidence that some men experience birth trauma and that gender socialisation awareness distinguishes these counsellors' experiences of working with men. Importantly, it raises practice issues of how best to support men experiencing birth trauma. Deconstructing gendered expectations of birth may challenge unhelpful assumptions about men's role in childbirth and create opportunities for interventions centred on the application of trauma theories of psychological growth through adversity. Implications for prenatal and postpartum healthcare practice are discussed.

Database: EMBASE

23. A review of mental health problems in fathers following the birth of a child

Author(s): Bradley R.; Slade P.

Source: Journal of Reproductive and Infant Psychology; Feb 2011; vol. 29 (no. 1); p. 19-42

Publication Date: Feb 2011

Publication Type(s): Article

Available at [Journal of Reproductive and Infant Psychology](#) - from EBSCO (CINAHL with Full Text)

Abstract:This literature review explores the range, prevalence and predictors of mental health problems experienced by fathers in the first year after their baby's birth. Problems include depression, anxiety, obsessive-compulsive disorder (OCD), stress/post-traumatic stress disorder (PTSD), bipolar disorder and psychosis. Up to a third of men may experience depressive symptoms. Factors associated with this relate to the parenting style of their own parents, their personality, experiences of the birth, demographic factors, their partner's characteristics, their relationship with their partner and families and their view of their baby. If fathers experience postnatal depressive symptoms, these can impact on their interactions with their children, their partners' interactions with their children and their children's behaviour. OCD may occur in new fathers in relation to fears of harming their children. Men who attend births may experience intrusive thoughts and images especially if they feel they did not support their partner during labour or felt pressured to attend the birth. There are accounts of men developing postnatal bipolar disorder or psychosis. © 2011 Society for Reproductive and Infant Psychology.

Database: EMBASE

24. Prevalence of Fathers experience of PTSD following Childbirth

Author(s): Doug C.; Carrick-Sen D.

Source: Journal of Reproductive and Infant Psychology; Aug 2010; vol. 28 (no. 3)

Publication Date: Aug 2010

Publication Type(s): Conference Abstract

Available at [Journal of Reproductive and Infant Psychology](#) - from EBSCO (CINAHL with Full Text)

Abstract:There is increasing evidence of Post Traumatic Stress Disorder (PTSD) occurring following childbirth. 2-5% mothers develop PTSD and a further 30% have symptoms (partial criteria). However there is very limited evidence to inform prevalence and experience of fathers whom develop PTSD following childbirth. It is possible that fathers are at increased risk as a non participant observer, which in many cases involves actions beyond the father's control affecting the bodily integrity of the mother could lead to the perception of the event as traumatic. Evidence exists that some fathers do experience PTSD up to four months after birth following the delivery of a premature or sick infant, and stillbirth and in a recent study 13% fathers exhibited clinically important psychological distress a few days after delivery of a healthy infant. Between April and August 2010, 150 fathers were recruited from a large tertiary maternity unit in North East England. The aim of the study is to assess the prevalence of childbirth related PTSD in fathers. Data is being collected using self completion questionnaires at two time points: within 4 days and 4 weeks after birth. The questionnaire contains a number of validated tools to screen and diagnose PTSD, depression and anxiety.

Database: EMBASE

25. A father's hidden despair.

Author(s): Green B

Source: Midwives; Aug 2010; vol. 13 (no. 4); p. 30-33

Publication Date: Aug 2010

Publication Type(s): Periodical

Available at [Midwives](#) - from EBSCO (CINAHL with Full Text)

Database: CINAHL

26. PTSD and depression in partners of women with PE or PPRM

Author(s): Stramrood C.A.I.; Van Geenen M.; Aarnoudse J.G.; Van Den Berg P.P.; Weijmar Schultz W.C.M.; Van Pampus. M.G.; Doornbos B.

Source: Reproductive Sciences; Mar 2010; vol. 17 (no. 3)

Publication Date: Mar 2010

Publication Type(s): Conference Abstract

Abstract:BACKGROUND: Postpartum psychological problems are not uncommon in women, but many people do not realise that their partners may also develop conditions such as depression and posttraumatic stress disorder (PTSD). Little is known about the psychological effects of severe pregnancy complications on fathers. METHODS: In this prospective longitudinal study, partners of pregnant women hospitalized for either preeclampsia (PE) or preterm premature rupture of membranes (PPROM) participated. In order to assess prevalence of and risk factors for PTSD and depression, men completed the PSS-SR, BDI-II and general psychological health questionnaires during pregnancy (pre-test) and 6 weeks postpartum (post-test). PTSD is defined as meeting DSM-IV criteria BCD on the PSS-SR, depression as BDI-II sumscore >10. Obstetric data were collected from patient charts. RESULTS: Fifty-one of the 123 eligible men participated in pre-test. The female counterparts of the participating and non-participating males were comparable for baseline characteristics, obstetric factors and prevalence rates of PTSD and depression. The 37 men completing pre- and post-test mentioned fewer PTSD symptoms during pre-test than the 14 men participating in pre-test only. During pregnancy, 3 of 51 men met the criteria for PTSD (6%) and 17 for depression (33%); At 6 weeks postpartum, 1 of 37 men had PTSD (3%), and 5 were depressed (14%). Correlation between PTSD and depression sum-scores was .48 ($p<.001$) during pregnancy, and .86 ($p<.001$) postpartum. Within-couple correlation of PTSD and depression symptom severity was low and not Significant during pregnancy, but strong postpartum (PSS-SR: $r=.57$, $p<.001$; BDI-II: $r=.58$, $p<.001$). A history of depression, depression during pregnancy, PTSD symptoms during pregnancy (in male and pregnant partner), and infant death were Significantly associated with PTSD symptoms in men at 6 weeks postpartum. CONCLUSIONS: Partners of women hospitalized for PE/PPROM may develop symptoms of PTSD and depression, particularly prior to delivery. More attention should be devoted to detect psychological problems following childbirth in fathers, especially in case of pregnancy complications.

Database: EMBASE

27. Paternal fears of childbirth: a literature review.

Author(s): Hanson, Suzanne; Hunter, Lauren P; Bormann, Jill R; Sobo, Elisa J

Source: The Journal of perinatal education; 2009; vol. 18 (no. 4); p. 12-20

Publication Date: 2009

Publication Type(s): Journal Article

PubMedID: 20808424

Available at [The Journal of Perinatal Education](#) - from Europe PubMed Central - Open Access

Available at [The Journal of Perinatal Education](#) - from IngentaConnect - Open Access

Available at [The Journal of Perinatal Education](#) - from ProQuest (Hospital Premium Collection) - NHS Version

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

Database: Medline

28. Low rates of PTSD in men attending childbirth: a preliminary study.

Author(s): Bradley, Rachel; Slade, Pauline; Leviston, Angela

Source: The British journal of clinical psychology; Sep 2008; vol. 47 ; p. 295-302

Publication Date: Sep 2008

Publication Type(s): Journal Article

PubMedID: 18248694

Available at [The British journal of clinical psychology](#) - from ProQuest (Hospital Premium Collection)
- NHS Version

Available at [The British journal of clinical psychology](#) - from EBSCO (CINAHL with Full Text)

Abstract:OBJECTIVE To investigate whether men experience symptoms of post-traumatic stress disorder (PTSD) after attending their partner's labour and delivery and the prevalence and predictors of symptoms of PTSD, anxiety, and depression. DESIGN This quantitative study involved a large sample, within-participants design with questionnaires completed at recruitment and six weeks follow-up. METHODS Within 72 hours of attending their partner giving birth, 199 men provided demographic details and completed questions about their partner's pregnancy, labour and delivery. Six weeks later they completed a second questionnaire booklet containing measures of symptoms of post-traumatic stress, anxiety, and depression. RESULTS No men reported symptoms at significant levels on all three dimensions of PTSD (intrusions, avoidance, and hyperarousal) although 12% reported clinically significant symptoms on at least one dimension. The dimension with the highest frequency was hyperarousal. Linear regression indicated more PTSD symptoms were predicted by trait anxiety, fewer children, the pregnancy being unplanned, being present at actual delivery, and feeling less confident about coping, less prepared, and more distressed during the process of childbirth. Prevalence of clinically significant symptoms of depression and anxiety was 8 and 7%, respectively, and was predicted by higher trait anxiety. CONCLUSIONS In this sample there was little evidence for the full constellation of PTSD in men attending their partner giving birth. Using a trauma perspective in this context may not be supported. Those symptoms most commonly reported could be viewed primarily as anxiety and were linked with less previous experience of attending childbirth. Attendance at actual delivery was a key predictor of symptoms.

Database: Medline

29. Fathers' feelings and thoughts when their partners require an emergency cesarean section: impact of the need for surgery.

Author(s): Yokote N

Source: Japan Journal of Nursing Science; Dec 2007; vol. 4 (no. 2); p. 103-110

Publication Date: Dec 2007

Publication Type(s): Academic Journal

Available at [Japan Journal of Nursing Science](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

Database: CINAHL

30. The birth of premature infants: Experiences from the fathers' perspective

Author(s): Lindberg, Birgitta; Axelsson, Karin; Öhrling, Kerstin

Source: Journal of Neonatal Nursing; Aug 2007; vol. 13 (no. 4); p. 142-149

Publication Date: Aug 2007

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Available at [Journal of Neonatal Nursing](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital. [title_notes] : Incomplete holdings.

Abstract:Aim: The aim of this study was to describe the experiences from the birth of premature infants in the fathers' perspective. Methods: Eight fathers participated; their infants were born prematurely and thereby needed care in a neonatal intensive care unit. Narrative interviews were conducted and a thematic content analysis was used to analyze the interviews. Results and conclusion: Fathers described their experiences of having a preterm infant, as getting into the midst of something never previously reflected on. It was important to have information and to know what was going on, but it was difficult to understand what was happening. The fathers were protective over the mother and infant. They wanted to be with both the mother and the infant as much as possible and wished to be seen as a natural part in the care. However, fathers had their own needs and, therefore, needed to be cared for as well. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

31. You cope by breaking down in private: fathers and PTSD following childbirth.

Author(s): White G

Source: British Journal of Midwifery; Jan 2007; vol. 15 (no. 1); p. 39-45

Publication Date: Jan 2007

Publication Type(s): Academic Journal

Available at [British Journal of Midwifery](#) - from EBSCO (CINAHL with Full Text)

Available at [British Journal of Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:Literature on birth trauma has focused on women's experiences and the evidence of post-traumatic stress disorder (PTSD) following childbirth. For some fathers witnessing a traumatic birth involving their partner and/or baby, symptoms of post-traumatic stress disorder may also be apparent. In this New Zealand study descriptive phenomenology was used to explore the phenomenon of post-traumatic stress following childbirth as twenty-one fathers narrated their experiences of witnessing a traumatic birth. Four themes encapsulated their experiences: it's not a spectator sport; it's about being included; it's sexual scarring; it's toughing it out. These results demonstrate that some men are left with a negative emotional experience that has serious consequences for their relationships and families. Midwives should be aware that many men have ambiguous expectations about being at the birth. If fathers are witness to a traumatic birth, as they perceive it, they need resolution.

Database: CINAHL

Strategy 387167

#	Database	Search term	Results
1	Medline	(father* OR paternal).ti,ab	51081
2	Medline	exp FATHERS/	7778
3	Medline	(1 OR 2)	53182
4	Medline	(trauma* ADJ2 (birth* OR childbirth* OR deliver*)).ti,ab	2252
5	Medline	(3 AND 4)	21
6	Medline	(stress*).ti,ab	689966
7	Medline	exp "STRESS, PSYCHOLOGICAL"/	113544
8	Medline	exp "STRESS DISORDERS, TRAUMATIC"/	30544
9	Medline	(6 OR 7 OR 8)	748474
10	Medline	exp PARTURITION/	14204
11	Medline	exp "DELIVERY, OBSTETRIC"/	72293
12	Medline	(birth* OR childbirth* OR parturition OR deliver*).ti,ab	785215
13	Medline	(10 OR 11 OR 12)	822159
14	Medline	(3 AND 9 AND 13)	504
15	Medline	exp "OBSTETRIC LABOR COMPLICATIONS"/	62501
16	Medline	(3 AND 15)	273
17	Medline	(3 AND 8 AND 13)	28
18	Medline	(3 AND 7 AND 13)	209

19	Medline	(trauma*).ti,ab	308547
20	Medline	(3 AND 13 AND 19)	97
21	EMBASE	exp FATHER/	22613
22	EMBASE	(father* OR paternal).ti,ab	65697
23	EMBASE	(21 OR 22)	69425
24	EMBASE	(trauma* ADJ2 (birth* OR childbirth* OR deliver*)).ti,ab	2682
25	EMBASE	exp "LABOR COMPLICATION"/	172502
26	EMBASE	exp STILLBIRTH/	14513
27	EMBASE	(24 OR 25 OR 26)	184171
28	EMBASE	(23 AND 27)	1384
29	EMBASE	(father* OR paternal).ti	11051
30	EMBASE	(27 AND 29)	261
31	EMBASE	exp "PSYCHOLOGICAL ASPECT"/ OR exp "PSYCHOLOGICAL DISTRESS"/	506376
32	EMBASE	exp CHILDBIRTH/	54955
33	EMBASE	(23 AND 31 AND 32)	135
34	EMBASE	(trauma* ADJ2 (birth* OR childbirth* OR deliver*)).ti,ab	2682
35	EMBASE	(23 AND 34)	27
36	EMBASE	exp "POSTTRAUMATIC STRESS DISORDER"/	48877
37	EMBASE	(23 AND 32 AND 36)	18
38	EMBASE	exp "OBSTETRIC	14221

HEMORRHAGE"/

39	EMBASE	(23 AND 38)	29
41	EMBASE	exp STRESS/ OR exp "EMOTIONAL STRESS"/ OR exp "EMOTIONAL TRAUMA"/	260791
42	EMBASE	(23 AND 32 AND 41)	49
43	EMBASE	(23 AND 25 AND 41)	107
44	PsycINFO	exp FATHERS/ OR exp "EXPECTANT FATHERS"/	10194
45	PsycINFO	(father* OR paternal).ti,ab	47739
46	PsycINFO	(44 OR 45)	48519
47	PsycINFO	(trauma* ADJ2 (birth* OR childbirth* OR deliver*)).ti,ab	639
48	PsycINFO	exp BIRTH/ OR exp "LABOR (CHILDBIRTH)"/ OR exp "OBSTETRICAL COMPLICATIONS"/	13963
49	PsycINFO	(47 OR 48)	14406
50	PsycINFO	(46 AND 49)	747
51	PsycINFO	(44 AND 49)	259
52	PsycINFO	(46 AND 47)	27
53	PsycINFO	exp "EMOTIONAL RESPONSES"/	21360
54	PsycINFO	(46 AND 48 AND 53)	12
55	PsycINFO	exp "ANXIETY DISORDERS"/ OR exp "POSTTRAUMATIC STRESS DISORDER"/	75796
56	PsycINFO	(46 AND 48 AND 55)	21

57	PsycINFO	exp "PSYCHOLOGICAL STRESS"/	8479
58	PsycINFO	(46 AND 49 AND 57)	4
59	PsycINFO	exp TRAUMA/	68798
60	PsycINFO	(46 AND 49 AND 59)	13
61	CINAHL	(father* OR paternal).ti,ab	9167
62	CINAHL	exp FATHERS/	3940
63	CINAHL	(61 OR 62)	10599
64	CINAHL	(trauma* ADJ2 (birth* OR childbirth* OR deliver*)).ti,ab	654
65	CINAHL	(63 AND 64)	10
66	CINAHL	exp CHILDBIRTH/	18496
67	CINAHL	exp "LABOR COMPLICATIONS"/	6408
68	CINAHL	(66 OR 67)	23755
69	CINAHL	(63 AND 67)	17
70	CINAHL	(trauma*).ti,ab	57513
71	CINAHL	exp "STRESS DISORDERS, POST-TRAUMATIC"/	11097
72	CINAHL	(70 OR 71)	63193
73	CINAHL	(63 AND 68 AND 72)	20
74	CINAHL	exp "SURGERY, OBSTETRICAL"/	16611
75	CINAHL	(63 AND 74)	109
76	Medline	exp "EXTRACTION, OBSTETRICAL"/	3251

77	Medline	(3 AND 76)	8
78	Medline	exp "CESAREAN SECTION"/	40687
79	Medline	(3 AND 78)	126
80	EMBASE	exp "INSTRUMENTAL DELIVERY"/	88642
82	EMBASE	(21 AND 80)	260