

Practising Midwife Article 1

The impact of lay support for the birthing woman and her partner: expanding the circle of intimacy

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Summary

This article is the first of a 3-part series drawing on a study of midwife-father communications during labour and birth¹. Recognising birth as a 'social experience', it questions the arbitrary limits placed on the number of supporters permitted to accompany the birthing woman. It offers a new perspective on the presence of 'additional' birth companions, aiming to promote reflection and discussion amongst midwives about 'lay support' for the woman in labour: who is best placed to offer such support; how and when discussions about this issue can be facilitated.

Introduction

Human birth is a 'social experience'. Humans differ from other mammals, who tend to prefer solitude as birth approaches and often to labour alone. In contrast, women have historically laboured and given birth in the presence of others - almost always women. They seek others for companionship, psychological support and physical assistance if required and have been assisted by 'midwives', trained and untrained, for thousands of years.

Childbirth: women's business?

Fathers' presence at birth is a significant change in childbearing practice that has occurred over a relatively short time-period of about 70 years. This change was not based on evidence about efficacy; rather, it was linked to a range of factors, including the move of place of birth from home to hospital and broader societal changes, such as second-wave feminism and the growth of consumer pressure groups. In middle to high income Westernised countries, there is now a common assumption, that the father (where applicable) will usually be present. Furthermore, there is perceived pressure that he 'should' be the *primary* support for the woman in labour ². [Question 1]

Research question and study aims

During childbirth, the midwife provides direct care to the mother, but also interacts with the father. The mother and father's on-going couple relationship brings a further dynamic into the room. This doctoral research addressed the question: 'How do midwives and fathers communicate during labour and birth?'. Midwife-father communication was studied within the context of the mother / father / midwife triad. The aim was to gain a deeper understanding of this complex set of relationships and inform how to enhance the experiences of the three central players. This study's focus concerned cisgender couples in heterosexual relationships. However, the findings, as well as the questions raised in this article, are relevant for a range of family formations and childbearing situations.

Study details

The researcher, an experienced clinical midwife, wanted to learn about what happens in the real-world of labour and birth through direct observation and immersion in the field. Ethnography was chosen as the most appropriate methodology for understanding this cultural phenomenon of fathers' presence in childbirth. Observations of 11 couples and the midwives who cared for them were performed during labour, with the lead researcher present as a discreet, non-participant observer; in total for 71 hours. She made field notes and sketches which recorded where the key players were situated within the birth environment. These data were amplified by postnatal semi-structured, audio-recorded interviews with parents and midwives. Ultimately, the observation fieldnotes and interview transcriptions were systematically coded using "thematic analysis" to arrive at the important concepts that characterised midwife-father communications in the context of the other relationships within the birth environment.

The couples were recruited from one NHS Trust in the North West of England during the third trimester of pregnancy. The parents all planned for the father to be present during labour and birth. The women were categorised as 'low risk' and booked for 'midwife-led' care, the rationale being to focus as much as possible on midwife-father communications during clinically- straightforward labour and birth. Previous research

with fathers has tended to focus on emergency situations or neonatal intensive care environments.

The 11 couples included four primiparous and seven multiparous women. One couple identified as Pakistani-born Asian, eight couples and one mother as White British and one father as White Irish. All the women birthed their babies vaginally; three (all primiparous), were assisted with forceps or ventouse. The babies were born in a range of settings (Table 1) with several women having transferred birth environment.

Place of birth	No.
Delivery suite	5
Maternity theatre	2
Birth centre	2
Home	2
Total	11

Table 1 Place of birth

Fourteen qualified midwives and two students participated in the study. All had received detailed information about the research in the months preceding data collection. They gave informed consent when they started caring for a parent-participant in labour. All 16 midwives were women. Most (12 out of 16) had been qualified for at least 20 years; two for less than five years, and two were current students. Their primary work bases were community (n=7), birth centre (n=4) and delivery suite (n=3).

More than a triad

The study's initial focus was midwife-father communication. However, additional birth companions were invited by four of the 11 couples (given pseudonyms to preserve anonymity): Dawn and Jack, Rosa and Dan were first-time parents; Rae and Will, Lou and Donal were expecting their second baby. Three of the four planned hospital

birth; Lou and Donal booked for home. This article focuses on the learning from these four births.

When data collection began, it quickly became evident that the triad's complexity was deepened by the involvement of additional companions. This gave rise to unexpected findings, including the potential benefits and varied roles adopted by players and the need to question the common assumption that the birthing woman's prime 'lay' supporter will be solely her intimate partner.

[Question 2]

Additional companions – support for the father

One couple, Rae and Will, were having their second baby. They invited Rae's best friend Kelly to be present, based on their first birth experience, when Kelly had played an important role in supporting Will as he in turn supported Rae:

Will: Well, the first time round that burden, if you will, was - *halved* in a sense.

Rae: Yes, she was as much support for you as she was for me actually.

Parents' interview, Rae and Will

These comments illustrate the benefits to the father of having additional support, in enhancing his ability to support the mother. Similar benefits were witnessed for Lou and Donal, who were having their second baby at home. Lou's mother was an intermittent presence in the house during labour, her time spent chatting to Donal and helping with chores in the kitchen. Although Lou's mother left the home to care for the couple's older child before the baby was born, her familiar presence during labour appeared to be 'normalising' for Donal. This is important, considering the evidence that many fathers feel unprepared for the realities of childbirth³ and that fathers may experience childbirth as a traumatic event which can lead to mental health difficulties⁴.

Two of the 'primiparous' couples (Dawn and Jack; Rosa and Dan), both of whom planned hospital birth, had invited other family members. Rosa and Dan had a clear preference for the co-located birth centre. Dawn and Jack became aware of this option during labour and spent much of first stage in the birth centre. Each couple had chosen a specific support-person for the father: Dawn and Jack invited Jack's sister as his support. They also invited Dawn's stepmother, sister and best friend to be present:

Jack: An obv'ously me an' Dawn were there – together – but it *really* helped having Laura (*Dawn's sister*) there, an' like it helped me having me sister jus' outside. 'Cos like *how* Dawn is with Laura, I'm the same with *my* sister. So the support them two give us, it's like...you can't ask for that

Parents' interview, Dawn and Jack

During Dawn's labour, Jack's sister waited in the foyer. As the long labour progressed, she kept the whole family supplied with food and drinks; at one stage she drove Jack home to shower and change his clothes. This practical support highlights the fact that fathers usually lack access to facilities to enable them to care for their own basic needs during what may be a stay of more than 24 hours in an unfamiliar environment.

The researcher witnessed fathers' exhaustion and, at times, distress during a long labour. Evidence from this study is that midwives are aware of fathers' basic needs for food, drink and rest, and make efforts to address these, but without appropriate facilities to do so effectively. Whilst fathers did not expect to be a priority for the midwife, mothers worried about their partners' wellbeing: '*I shouldn't have to do that* [i.e. worry about my partner] *while I'm in labour*' (parents' interview, Lou). Thus, additional companions also offered benefits to the mother, through enhancing the father's resources and ability to give effective support to the labouring woman.

The circle of intimacy

During observations, the lead researcher identified a 'circle of intimacy' which formed during labour, incorporating the mother, father and midwife. When other companions were present, this circle expanded to include them, widening the circle of support around the labouring woman:

[Dawn] is encircled by people around the birth ball where she is sitting, feels sociable, but respectful of her and her labour, no general chat which excludes Dawn, it's all about labour, birth, her labour and small tips and comments, encouraging her to drink etc.

Fieldnotes Dawn and Jack

Additional birth companions formed an extension of the couple unit, moving in and out of the circle at different points (Figure 1):

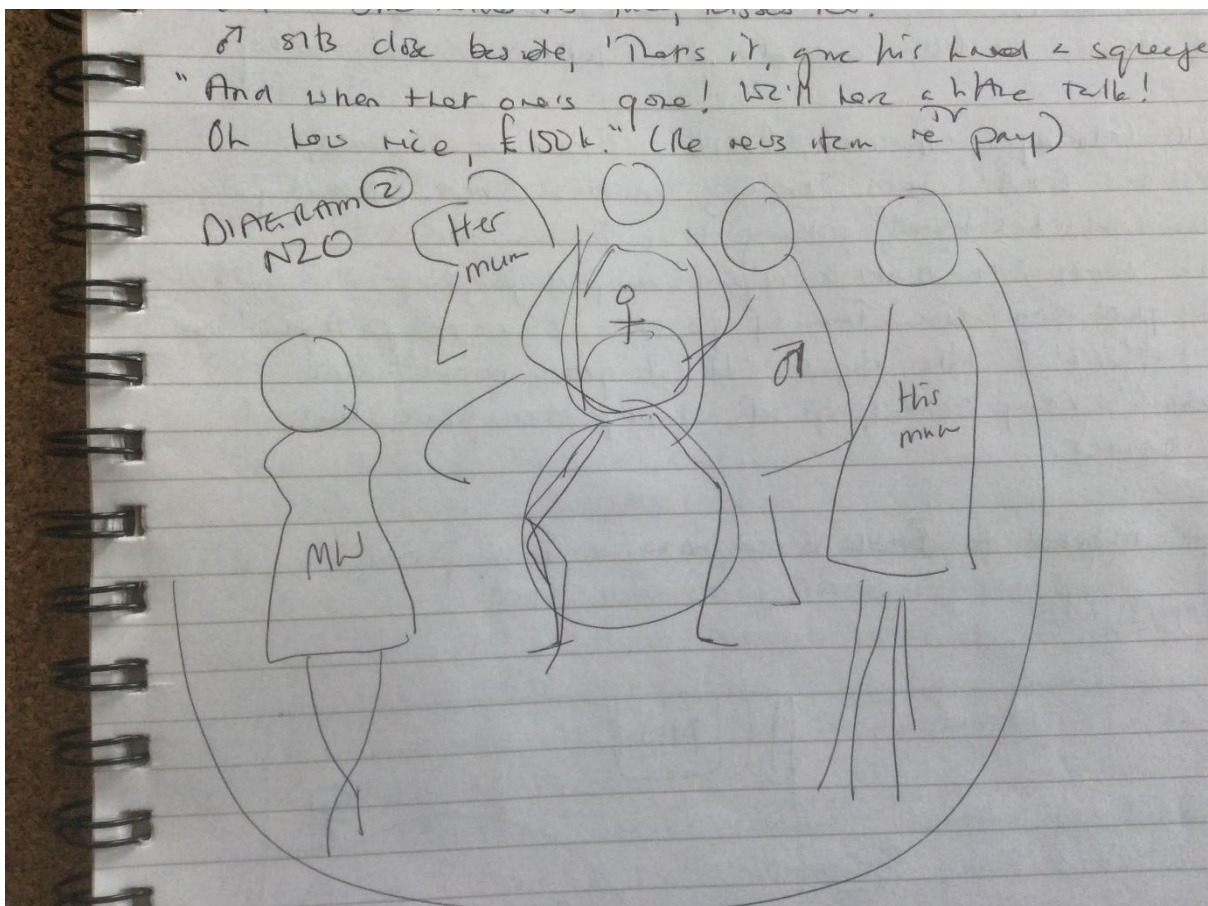


Figure 1 Fieldnotes sketch, Rosa and Dan

The midwife was often at the periphery of this circle, and was aware of this, welcoming the support that the wider family group offered and commenting on how well these extended family groups worked as teams:

Becky: ...you think of midwives jus' sitting on their hands and staying in the background, it was very much *their* experience and they were in charge of their own experience, I wasn't in the room dictating what went on, so I did

want to be in the background and let them get on with it, because they seemed to be doing such a good *job*...

Midwife Becky interview, Dawn and Jack

[Question 3]

Female support in labour

The female circle of mothers, sisters, friends, midwives, plus the presence of the female researcher meant that in each situation the father was in a minority. This seemed to cause him no discomfort; his focus was on his partner. The company of a group of women with experience of birth appeared to have a reassuring effect. The labouring woman seemed to be relaxed and comforted by the 'normality' of the social support around her:

Jack: I think it's better with more people in, 'cos you've got support of say, Stacey, Laura and then me...

Dawn and Jack, parent interview

Women's knowledge about childbirth

Comments and suggestions by the female birth supporters drew on their own experiences and demonstrated their shared female knowledge of birth:

MW Bryony and her Mum are one at each leg. Rosa says *I can't do it* and [Mum] Karen responds *We've all heard it, we've all said it. Once you've got the head out, the rest just comes.*

Fieldnotes Rosa and Dan

Such comments were in effect 'teaching' both parents about childbirth. Where wider social support was absent and it was 'just' the couple and the midwife, the father watched and listened intently to pick up cues from the midwife about how labour was progressing. This was particularly the case during a first labour.

Rosa and Dan each had their own mother with them, Dan's specifically to support him. Observations during Rosa's labour revealed 'the mothers' keeping a respectful distance from the couple, gently prompting from their places in the background and drawing on their own experiences of childbirth as they did so. Dan's mother reserved

her brief comments and suggestions for her son, and Rosa's mother focussed on her daughter. Each mother enabled the parents to work together throughout the labour. On a single occasion, when Dan seemed at a loss as to how to respond when Rosa was distressed during transition, Rosa's mother stepped in briefly to comfort her daughter.

It was evident that these companions respected the centrality of the father's role in supporting the woman and welcoming their baby. Dan felt that the unobtrusive support from both mothers had assisted him to step into his new role as a father, carrying impact beyond the birth:

Dan: I liked it! 'Cos then it *made* me – it *forced* me into – being a parent, whereas...I could've just let them – go ahead with it. I wouldn't know what to do now – with her [the baby]. So... It did help! They said that from the start. They wanted me to be next to her. 'Cos Rosa kept calling me when I went out [of] the room!

Parents' interview, Rosa and Dan

Midwives' attitudes to additional companions

For each midwife participant, the birthing woman remained her priority and she viewed the father as the 'prime supporter'. All expressed that couples having the freedom to choose their birth companions is important in creating the optimum environment for the woman in labour. The presence of additional companions appeared to deepen the midwives' consideration of the father. For example, they recognised the potential for the presence of other people to inhibit and displace the father. Midwives needed assurance that this was not occurring. They were watchful that the father was not pushed to the periphery and that the wider circle of support was working well for the woman and her partner.

Midwives commented positively on this family support and some highlighted the particular benefits of the presence of women who had themselves given birth. This was described as especially important for continuity when transfer from one birth environment to another was necessary, because these companions offered continuity and reassurance to the father at a stressful time when clinicians' focus was on the mother.

[Question 4]

Challenging the status quo

The presence of additional birth companions has implications for all the key players involved and challenges the common guidelines, often interpreted as 'rules', which govern the number of people 'permitted' to accompany a woman who labours in hospital. This article has highlighted some of the benefits – for each member of the birth triad – of having additional companions present in the birth environment. It invites you to consider your own beliefs and experiences and to reflect on the evidence-basis for approaches to birth companions in your own care setting. The key message for reflection concerns the social nature of human childbirth, and the potential benefits for the labouring woman and her partner of having support of their chosen companions.

[Question 5]

Questions

[Question 1: in your workplace, are there guidelines which limit a woman's birth companions to two? What is the rationale or evidence base for these? What would need to happen for these guidelines to be changed?]

[Question 2: How and when can you start a conversation with a pregnant woman and her partner about who may accompany her during childbirth and the roles these companions may play?]

[Question 3: what strategies could you use if any of the woman's chosen companions appeared to be a less helpful presence during labour and birth e.g. by making comments that undermined her confidence, or appearing disengaged?]

[Question 4: What do you perceive as the potential benefits and pitfalls of having further companions? For whom?]

[Question 5: Have restrictions introduced in the coronavirus pandemic now been eased? If yes, what changes have you noticed? If no, why may this be?]

REFERENCES

1. Garrod, D. 2021. *How do midwives and fathers communicate during childbirth? An ethnographic study in the north west of England*. PhD thesis, University of Leeds <https://etheses.whiterose.ac.uk/29215/>

2. Hollins Martin, C.J. 2009. A tool to measure fathers' attitudes and needs in relation to birth. *The British Journal of Midwifery*. **16**(9), pp.432 – 437
3. Inglis, C., Sharman, R., and Reed, R. 2016. Paternal mental health following perceived traumatic childbirth. *Midwifery*. **41**, pp.125–131
<https://doi.org/10.1016/j.midw.2016.08.008> Accessed 06 July 2020
4. White, G. 2007. You cope by breaking down in private: fathers and PTSD following childbirth. *British Journal of Midwifery*. **15**(1), pp. 39–45.
<https://doi.org/10.12968/bjom.2007.15.1.22679> Accessed online 06 July 2020