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Expectant Fathers: Changes and Concerns

SUMMARY

The author conducted a comprehensive literature review on expectant fatherhood to determine the needs of men participating in the childbearing cycle. A sparse but growing body of knowledge exists about this population. A number of authors reported distinct changes and concerns. Most of the study subjects were participants in prenatal classes, a factor which suggests that the findings may not reflect the needs of all expectant fathers. All partners were experiencing a normal pregnancy. This precluded the anxiety of a high-risk situation as a confounding variable. Most information given to expectant fathers was intended to assist them to support their partners. There was little evidence that men received much professional guidance to prepare them for fatherhood. (*Can Fam Physician* 1989; 35:663-665.)

Key words: expectant fathers, emotional changes, physical changes, concerns of pregnancy

RÉSUMÉ

L'auteur a procédé à une revue extensive de littérature sur les futurs pères afin de déterminer les besoins des hommes qui participent aux différents cycles de l'évolution d'une grossesse. Les connaissances à ce niveau sont encore éparses mais de plus en plus nombreuses. Un certain nombre d'auteurs rapportent des préoccupations et des changements tout à fait particuliers. La plupart des sujets ayant participé à cette étude ont assisté aux cours prénataux, facteur qui suggère que les trouvaillies ne reflètent pas les besoins de tous les futurs pères. Les grossesses de toutes les partenaires étaient normales, éliminant ainsi comme variable confondante l'anxiété d'une situation à haut risque. La plupart des conseils donnés aux futurs pères visaient un meilleur support à la mère. Cette revue n'a pas permis de mettre en évidence que la préparation à la paternité était de qualité professionnelle.

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MOST CULTURES have specific roles for expectant fathers throughout the wife's pregnancy, labour, and delivery. From the 1940s to the 1980s this role has become vague for many North American men.¹ This development is thought to be related to the changing functions of family roles in a society undergoing dramatic economic and technologic adjustments.² A father's perceptions of

his role in the family are influenced by what society considers that role to be, what he has learned as a child about a father's role, and what family members expect of him. The literature suggests that, while a fundamental shift in the perception of fathering behaviour is observable in some of today's new fathers, many factors collectively determine the desired degree of involvement of each man.³⁻⁶

Health professionals are beginning to accept the notion that his partner's pregnancy is an important and indeed, potentially, a crisis event in a prospective father's life.⁷ There are indications that many fathers want psychosocial support from their family physicians during this period.⁸⁻¹⁰ A

review of literature relating to expectant fathers gave some evidence of the nature of their changes and concerns. The findings can only be considered tentative, as the studies had a variety of foci and were frequently based on small numbers. In addition, the majority of subjects in the studies reviewed were obtained through prenatal classes. By their presence in these classes, these men had already declared a degree of desire to participate in the childbearing cycle. Little is known about the changes and concerns of other fathers during their partner's pregnancy.

Several authors cautioned health care professionals that not all men can or should participate in the child-

bearing process,¹¹⁻¹³ although most of the data on men's responses to their participation were, on the whole, highly positive. In general, however, the findings provided a framework which the family doctor can use in assessing the needs of those men who display a desire to participate during their partner's pregnancy. This report addresses this group.

Williamson and English¹⁴ reported a pilot study that examined support received from their family doctor by nine expectant couples. While pregnancy-related concerns and need for support were recognized by all physicians in the study, general stresses and sources of emotional support were seldom known. Significantly more was known about the women than their husbands, but, when stress was recognized, attempts were made to reduce it. The fathers in the study group rated their physicians highly as a source of support, and the authors reported that including the father in the prenatal visits took no more time than usual.

Documentation suggests that increasing numbers of expectant fathers talk to their partners' doctors during pregnancy.¹⁵ It is difficult to determine from the literature, however, the number of prenatal visits that included the father and the quality of father-doctor interaction in addressing the father's concerns and changes. Physicians can provide appropriate anticipatory guidance and therapeutic intervention only when the need for such support is recognized.

Emotional Changes

There is some evidence to support the presence of an emotional developmental process in men preparing for fatherhood.¹⁶ On the basis of data collected over a two-year period, May identified and described three emotional phases of men during pregnancy.¹⁷

Announcement

The period of announcement is that during which the pregnancy is first suspected and then confirmed. The phase varied in length from a few hours to a few weeks. It was characterized by great joy and excitement if the pregnancy was desired, pain and shock, if it was not. Entwistle and Doering reported that planning of the pregnancy was strongly related to the

man's initial reaction.¹⁸ The length of the phase depended on how soon both partners suspected pregnancy, what initial impact that suspicion had on the father, and how soon the pregnancy was confirmed to the father. The man's active involvement in the pregnancy remained of little concern to the couple for the next several weeks, as the woman had not yet begun to believe that she was pregnant. After that, the pregnancy began to have a noticeable effect on the woman, but the man's awareness lagged at this stage.

Moratorium

Moratorium is the phase when many men put conscious thought about the coming baby aside for a time. The length of the phase was individual, ranging from a few days following the announcement to several months. The main characteristic was described as emotional distance which, May suggested, allowed the man to work through the ambivalence he feels. She postulated that the lack of social supports for the emotional impact of impending fatherhood contributed to the prolonged time required by many men to pass through this phase if, indeed, they do at all. Similar findings that appear to substantiate the presence of early to mid-pregnancy ambivalence in expectant fathers were reported by several other authors.^{16,19-21} Because of the woman's high degree of emotional involvement in the pregnancy at this time, marital tension and disrupted communication patterns were reported to be frequent during this phase.

A large part of the Moratorium corresponds to the period during which the man cannot see much evidence of the pregnancy. As his partner became more visibly pregnant, this phase usually ended. This observation appeared to be confirmed by others. Colman and Colman¹⁹ and DeGarmo and Davidson²² stated that an important event for their subjects was quickening, which provided the first solid evidence to the man that his partner was pregnant.

Focusing

Focusing usually began about the 25th to 30th week and extended until the onset of labour. Several authors^{9,17,20} hypothesized that two separate but interrelated processes occurred at this time. The man focused on his own experience of preg-

nancy and came to feel more in tune with the world around him in terms of his future fatherhood.

Physical Changes

Medical practitioners have long recognized the Couvade syndrome. Reviewed studies cited incidence rates of 20%–40% of participating fathers reporting a variety of physical symptoms. The most commonly described were loss of appetite, toothaches, nausea, fatigue, backaches, insomnia, headaches and weight gain or loss.²³⁻²⁵ In her study of the occurrence of somatic and psychological symptoms in 91 expectant fathers, Strickland²⁶ reported the presence of key symptoms in 24%–40% of the subjects during the pregnancy; the peak occurred in mid-pregnancy. Significantly more symptoms were reported by experienced fathers and those adjusting to an unplanned pregnancy. Wapner⁹ proposed that physical reactions reflect the emotional strain of the pregnancy and are a socially acceptable way of expressing identification with the pregnancy.

Concerns

The major concerns of expectant fathers reported in reviewed literature appeared to centre around three main themes.

Health of wife and baby

Health of the wife and baby ranked very high as a major concern in all reviewed studies. Many subjects reported specific familial and personal health problems perceived by the fathers as placing the pregnancy at risk.^{9,10,18,21} Several reported needing more information from the attending physician.^{8-10,18}

Labour and delivery

Labour and delivery concerns also ranked very high. Getting to the hospital on time, helping his wife in labour, her pain, the baby being of the preferred sex, complications, and being kept informed of what was going on in labour were most frequently cited.^{10,18,21}

Impending fatherhood

Results of studies showed that men give serious thought to their anticipated role as fathers. Most subjects indicated an overwhelming acceptance of, and confidence in, the experience of becoming fathers, but some concerns were documented. Some considered the responsibility of pro-

viding for the child to be of considerable importance. Other reported concerns related to the men's ability to participate in caring for their infant, and their general ability to be a good father.^{9,10,16,18} Men may not have expressed their concerns more frequently because of the heavy emphasis on the male role of providing support for his partner. In Roehner's study of 26 expectant fathers, 22 stated that their most important function during pregnancy was to help the mother deal with her needs.²¹ She suggested that:

...so much emphasis is placed on the physical and emotional needs of the expectant mother that the father feels he must concentrate on her needs and ignore his own preparation for fatherhood. (p.17)

As the primary care giver during pregnancy, family physicians are in an excellent position to alleviate many concerns of expectant fathers. They should seriously consider having expectant fathers participate in a minimum of three prenatal visits. Attempts should be made to synchronize these visits with the emotional development process proposed by May. Since there is increasing recognition that promotion of health is as much a function of the health-care system as treatment of disease, all possible efforts should be made to promote total family health. ■

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