

1962

A study of twelve mothers' feelings about having their husband present during labor

<https://hdl.handle.net/2144/30841>

"Downloaded from OpenBU. Boston University's institutional repository."

A STUDY OF TWELVE MOTHERS' FEELINGS ABOUT HAVING
THEIR HUSBAND PRESENT DURING LABOR

BY

Shirley L. Guenthner
(B.S.N., University of North Carolina, 1957)

A field study submitted in partial fulfillment of the requirements
for the Degree of Master of Science
in the School of Nursing
Boston University
August, 1962

First Reader: Sylvia Bruce
Sylvia Bruce

Second Reader: Elizabeth J. Hall
Elizabeth Hall

"This study was supported (in part) by a training grant, Maternal and Child Health 4226-00-00 from the Massachusetts Department of Health, Division of Maternal and Child Health, and, (in part) by the Professional Nurse Traineeship Program, Section 307, Public Health Service Act, as amended, NT-53-C4."

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
Statement of the Problem	2
Justification of the Problem	2
Scope and Limitations	3
Definition of Terms	4
Preview of Methodology	5
Sequence of Presentation	5
II. THEORETICAL FRAMEWORK OF THE STUDY	6
Review of Literature	6
Bases of Hypotheses	12
Statement of Hypotheses	12
III. METHODOLOGY	13
Selection and Description of Sample	13
Tool Used to Collect Data	14
Procurement of Data	16
IV. FINDINGS	18
Presentation and Discussion of Data	18
V. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	30
Summary	30
Conclusions	33
Recommendations	34
BIBLIOGRAPHY	36
APPENDIX	40

TABLES

TABLE	PAGE
1. The Mothers' Feelings About Their Husband' Presence During Labor Distributed According to the Level of Education Completed by the Mother	23
2. The Mothers' Feelings About Their Husband's Presence During Labor Distributed According to Their Attitudes Towards Pregnancy	24
3. The Mothers' Feelings About Their Husband's Presence During Labor Distributed According to Their Attitudes Towards Childbirth	25
4. The Mothers' Feelings About Their Husband's Presence During Labor Distributed According to the Source of Prenatal Preparation Received by the Mother	28

CHAPTER I

INTRODUCTION

In the last two decades, great strides have been made in maternity care. Improvements in medical techniques and advances in knowledge of the physiology of pregnancy and childbirth have reduced mortality rates and morbidity for both mothers and infants. At the same time, studies of human personality development and the influence of early parent-child relationships on emotional health have stimulated professional workers to question how maternity care can be designed to provide for the emotional, as well as the physical, wellbeing of the mother and her family. In light of these advances, many aspects of hospital management of the maternity patient are being studied in order to develop programs of care better suited to the needs of the patient.

One period of maternity care which has received attention is that of labor and delivery. Lesser and Keane, in a study of the needs expressed by mothers throughout the maternity cycle, stated that "no other need is stressed so vigorously and frequently by all women as the need for a human presence throughout labor".¹ It is evident that this need for the presence of a comforting person must be given careful attention by nurses, as well as by other professional workers, concerned with providing optimum care for the maternity patient. One method which has been suggested to help meet

¹Marion Lesser and Vera Keane, Nurse-Patient Relationships in a Hospital Maternity Service (St. Louis: C.V. Mosby Co., 1956). p. 102.

the mother's need for support is to permit her husband to stay with her while she is in labor, if both desire this experience.

Statement of the Problem

The purposes of this study are first, to determine the feelings of mothers about having their husband present with them during labor; and, second, to evaluate factors which may influence these feelings. The factors to be studied include the amount and kind of prenatal education, the parity of the mother, the mother's attitude towards pregnancy and childbirth, and the mother's general educational background.

Justification of the Problem

In the past, hospital regulations have generally prevented a husband from seeing his wife until after delivery. However, some hospitals have begun to permit the husband and wife to be together during all or part of the mother's labor. In one hospital in which this plan was part of a program of parent education made available to all patients who desired it, the staff reported that "we are convinced that a woman's sense of security is enhanced by not being alone when she is in active labor, ... and that the presence of her husband adds greatly to her sense of assurance and comfort".² Against this positive value, consideration must also be given to the physical safety of all patients, particularly in respect to infection, to the mother's need for privacy, and to the possibility of negative experiences for the couple as a result of the husband's presence.

The value of permitting husbands to stay with their wife during all

²Herbert Thoms and Ernestine Wiedenbach, "Support During Labor", Journal of the American Medical Association, CLVI (September, 1954), 4.

or part of her labor is a decision best made by the staff of the maternity service after consideration of all facets of their particular situation. However, the information which can be obtained from a study of mother's feelings about the husband's role as a supporting presence during labor will be useful in two ways. First, the data will provide a basis for determining whether allowing the husband to be present during all or part of the mother's labor would be a positive step in meeting her needs for support and reassurance. Secondly, an evaluation of the factors which influence the mother's feelings would help clarify the conditions under which the husband's presence would be most beneficial and, perhaps, indicate instances where such an experience would not be useful.

Scope and Limitations

Twelve mothers were interviewed during their confinement on the maternity unit of a general hospital. Participants were selected from those mothers who had a normal labor and delivery and who were willing to take part in the study. Individuals included in the sample were interviewed by the investigator. This group of mothers present the views of a representative cross section of women receiving maternity care in a general hospital located in a suburban area.

This study has three major limitations. First, the mothers interviewed were reporting their feelings about experiences which had occurred in the past. Thus, it was necessary for them to discuss their feelings in retrospect, with the possibility that intervening events had influenced or colored their recollection of these experiences.

Secondly, the mothers were discussing feelings about themselves and their husbands which are of a personal nature. Communication of these

feelings to a relative stranger may be limited by the mother's concept of what is acceptable to others. The investigator attempted to establish a warm, non-critical atmosphere for discussion in order to offset as much as possible this type of restraint on the expression of feelings.

The third limitation is the small number of mothers included in the study. The responses of these twelve mothers are indicative of the feelings of patients seen on this maternity service. Generalizations of the results of this study to larger groups or to groups in other areas would not be possible or valid.

Definition of Terms

For the purposes of this study, the following terms will be understood as defined:

1. Normal labor and delivery- vaginal delivery without major complications in which mother and baby are judged to be in good condition.
2. Feelings- emotionally toned opinions about a situation.
3. Prenatal education- information about pregnancy, childbirth and child care received informally through discussions with the doctor or the nurse and through reading available literature, or, formally, through attending a series of classes given under the auspices of a health agency.
4. Primipara- a woman who has delivered her first child.
5. Multipara- a woman who has delivered more than one child.

Preview of Methodology

The data for this study were obtained by guided interviews conducted by the investigator at the bedside of the individuals selected for participation. The interview guide was designed to obtain the mother's feelings about having her husband present during labor and the reasons on which she

felt these feelings were based. Questions about educational background, parity, prenatal education and attitudes towards pregnancy and childbirth were included to determine whether these factors were significantly related to the mother's feelings about having her husband stay with her during labor.

Sequence of Presentation

The theoretical framework of the study will be developed in Chapter II. This includes a review of the pertinent literature, the bases of the hypotheses and the statement of the hypotheses of this study. Chapter III describes the selection of the sample and its characteristics, the tool used to obtain the data, and the method by which the data were procured. The findings of the study are presented and discussed in Chapter IV. Chapter V contains the summary and the conclusions and recommendations of the study.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

The father's role during childbirth has undergone a major change during the past fifty years. At the turn of the century, the majority of mothers were delivered at home, where the husband was an accepted participant in the family environment. As the rapid development of measures for the prevention and treatment of the complications of pregnancy and delivery dramatically reduced the hazards for both mother and baby, the scene of childbearing shifted from the home to the hospital. The modern maternity department, with its readily available medical facilities and its skilled professional staff, could best provide the services essential for the physical health and safety of both the mother and the newborn. Patient care was organized in patterns designed to achieve this vital goal as efficiently as possible. As a result, the husband's participation was limited to visiting his wife during the period of hospitalization following delivery.

The transfer of childbearing to the hospital is one of the important developments which have contributed to the reduction of maternal and infant mortality and morbidity. Today, the vast majority of women can be assured of a normal pregnancy and a healthy baby. In the last two decades, however, a number of professional workers have questioned the possible disadvantages of the hospital environment. Thoms has pointed out that the mother's isolation from the supportive atmosphere of the family, as well as her sudden

introduction into a strange environment with its unfamiliar procedures and personnel, adds to her apprehensions and fears about childbirth.¹ Increased understanding of the emotional needs of the expectant mother has also stimulated interest in the re-evaluation of maternity care in the hospital.

Read was one of the first obstetricians to suggest major changes in the pattern of maternity care. His proposal, popularly known as natural childbirth, was primarily a program of prenatal education and emotional support designed to help the mother participate in childbirth with a minimum of fear and discomfort. Important facets of this plan included classes in the physiology and psychology of pregnancy and childbirth, training in physical techniques that promote relaxation during labor, continuous explanation and support by the obstetrician, provision of analgesics and anesthetics during labor only at the mother's request, and the supportive presence of a family member, preferably the husband, during labor. Read expressed his view of the husband's role during childbirth in the statement that:

The birth of a child is not a woman's monopoly. It is the major incident in the lives of three people--a father, a mother, and a child. ... To overlook or prevent the mutual companionship and assistance of husband and wife during pregnancy and labor is to show a grievous lack of human understanding.²

Although Read's theory of the physiological basis of the pain associated with labor, as well as several other aspects of his program, have been widely disputed, the concept that childbearing is an emotionally potent event in the cycle of family relationships has been recognized. Davis has

¹Herbert Thoms, Understanding Natural Childbirth (New York: McGraw Hill Book Co., 1950), p. 12.

²Grantley Dick Read, Introduction to Motherhood (New York: Harper and Brothers, 1950), p. 99.

emphasized that modern maternity care should meet the emotional needs of both parents.³ Thoms believes that healthier family relationships will result from greater understanding and cooperation between husband and wife throughout the childbearing process.⁴ Hogan includes active participation of the husband in prenatal education programs and his presence and support of the mother during labor in the changes she feels are essential steps in improving maternity care.⁵ The mother's desire to have her husband present with her during labor is due to her need for his support and her recognition of his need to share this meaningful event with her, according to Hall, and he stresses the benefits of this experience for both parents.⁶ Goodrich predicts that changes in hospital regulations will occur as more administrators, doctors, and nurses realize that the husband and wife should be together during childbirth.⁷

Several hospitals have reported favorably on the results of changes in regulations and routines which allow for greater flexibility in patient service and which improve the quality of patient care. Smith states that the staff of one hospital found that three changes requested by parents provided greater opportunity for the satisfaction of parents' needs. These changes consisted of allowing the husband to stay with his wife throughout

³M. Ed. Davis, "Progress in the Management of Labor and Delivery", Journal of the American Medical Association, CLXXXII (January 30, 1960), 410.

⁴Thoms, op.cit., p. 8.

⁵Aileen Hogan, "Plus Factors in Maternity Care", Bulletin of Maternal and Infant Health, VII (1960), 27.

⁶Robert E. Hall, Nine Months Reading (New York: Doubleday and Company Inc., 1960), 127.

⁷Frederick W. Goodrich, Natural Childbirth (New York: Prentice Hall, 1950), p. 151.

labor, providing thorough explanation of all procedures, and permitting the father to see his wife and child immediately after delivery.⁸ More extensive changes were made at the Cleveland Clinic Hospital, where a program of family centered maternity care has been developed. The major components of this plan are in-service education of members of the staff centered on the effect of childbearing on the family, parent education classes throughout pregnancy and the post partum period, and permissive visiting regulations which allow parents to be together as much as they desire during the mother's hospitalization. The purpose of the changes made by this staff is to provide a program of maternity care that:

...affects the parent at the point where the healthy emotions with which nature equips him and her, can turn into unhealthy emotions unless given encouragement from the outside.⁹

Similar reorganization of hospital maternity services has been reported by Wriden and by Laird and Hogan.^{10,11}

Several research projects have been conducted in which the feelings of mothers about the husband's role during childbirth have been obtained. Yankauer's study of the reactions of 283 primigravidae to their experiences during childbearing indicated that seventy-eight per cent of these mothers had no family member with them during labor. Sixty per cent of this group

⁸Christine S. Smith, "We Asked the Patients", Nursing Outlook, VI (August, 1958), 459.

⁹"Family-Centered Maternity Care", Hospital Topics, XXXVIII (January, 1960), 58.

¹⁰Jane E. Wriden, "A New Baby Is One of the Family in This Hospital", Hospitals, XXXII (February 16, 1958), 48.

¹¹Marion D. Laird and Margaret Hogan, "An Elective Program For Preparation For Childbirth At the Sloane Hospital For Women, May 1951 to June 1952", American Journal of Obstetrics and Gynecology, LXXII (September, 1956), 640-647.

would liked to have had a relative present and in most instances the husband was the desired person. Ninety per cent of the mothers who had attended expectant parents classes preferred to have their husband with them, as compared to seventy-two per cent of those mothers who had not attended classes.¹²

Thoms and Wiedenbach described the results of a program of supportive care for the mother in labor which consisted of constant attendance by a member of the staff, provision of a private room for each mother, and permission for the husband to stay with his wife as long as both parents desired this experience. Seventy-seven of the eighty-three mothers who had attended preparation for childbirth classes commented favorably on the fact that their husband was with them and thirty-six emphasized the importance of his support. Forty-seven of the fifty-nine mothers who had not attended classes mentioned the husband's participation and twelve of them particularly stressed the value of this experience.¹³

The results of an evaluation of the hospital maternity care received by mothers in San Diego, California, indicated that six per cent of the 1048 women who participated in the study appreciated the fact that their husband was allowed to stay with them during their labor.¹⁴ A study of the kind of care expected by sixteen primigravidae as compared to that which was

¹²Alfred Yankauer, et al., Pregnancy, Childbirth, the Neonatal Period and Expectant Parents Classes (Albany: New York State Department of Health, 1958), pp. 20 and 29.

¹³Herbert Thoms and Ernestine Wiedenbach, "Support During Labor", Journal of the American Medical Association, CLVI (September, 1954), 4.

¹⁴Purvis L. Martin and Steward H. Smith, "Public Relations in Our Maternity Wards", American Journal of Obstetrics and Gynecology, LXXXI (June, 1961), 1082.

received by these mothers revealed that eight of the clinic patients and three of the private patients would have liked to have had their husband present during labor.¹⁵

The desire for a supportive presence during labor was the primary need expressed by the sixty-six women studied by Lesser and Keane. This need was so imperative that:

Antepartally and postpartally, over and over again, they emphasized that the satisfactory handling of all other needs depends primarily upon how well this basic desire is fulfilled. ... This hunger for a human contact is quite independent of any usefulness that a human presence may have in meeting other needs.¹⁶

Statistical results were not reported in this study, but some of these mothers did see their husband as the most desired supportive person, while others looked to the doctor, the nurse, or the team of doctor, nurse, and husband as their primary source of support.¹⁷

The evidence presented in these studies indicates that, for some women, the support and security provided by having her husband share in the events of childbirth contribute to her satisfaction with this experience. For these women, the active participation of the father should be part of the maternity services provided for the parents. However, these studies do not clearly indicate what circumstances may influence the mother's feelings or if there are factors which differentiate between those women

¹⁵Mary C. Halloran, "An Investigation of the Kind of Nursing Care the Expectant Mother Anticipated Prior to Entering the Hospital and the Kind of Care the Mother Received Having Been Hospitalized", (unpublished Master's field study, School of Nursing, Boston University, 1959), p. 24.

¹⁶Marion Lesser and Vera Keane, Nurse-Patient Relationships in a Hospital Maternity Service (St. Louis: The C.V. Mosby Co., 1956), p. 102.

¹⁷ibid., p. 103.

who desire this experience and those who do not feel the husband's support is needed. This study was undertaken in an attempt to study these questions in greater detail.

Bases of Hypotheses

The hypotheses for this study were developed from a survey of the available research data and from the personal experiences of the investigator as a maternity nurse. Having worked in a hospital where husbands were encouraged to stay with their wife during labor and in institutions where this was not permitted, the investigator had opportunities to discuss the advantages and problems of both programs with the parents receiving care and with staff members. These experiences tended to support the findings of the research data. However, these observations also seemed to indicate that there were significant differences between the mothers who desired the support of their husband and those who did not.

Statement of Hypotheses

On the basis of available data and actual experiences, the following hypotheses are proposed:

1. The majority of mothers would like to have their husband with them during their labor.
2. The mothers desiring this experience would be more likely to:
 - a. have positive feelings towards pregnancy and childbirth.
 - b. have attended prenatal parent education classes.
 - c. have had post high school education.
 - d. be having their first baby.

CHAPTER III

METHODOLOGY

Selection and Description of Sample

The data for this study were obtained by interviewing mothers who were patients on the post partum unit of a general hospital located in a suburban area near Boston, Massachusetts. The maternity service in this agency consists of a delivery suite, a forty bed patient care unit, and nursery facilities with a capacity for sixty infants, including a unit for the care of premature infants. An average of 120 patients are delivered each month. The majority of mothers are under the care of a private obstetrician; however, the hospital does have a small maternity clinic which is directed by one of the obstetricians on the attending staff and which has the services of a dietician and a social worker available for consultation. At the present time, the hospital does not sponsor a series of parent education classes. The staff does encourage prospective parents to tour the maternity unit before the anticipated date of delivery. Classes for expectant parents are offered by the Visiting Nurse Association in several of the surrounding communities, but the hospital staff does not publicize this information routinely. In selected instances, husbands have been allowed to stay with their wife during labor. Such permission is granted if the obstetrician approves the parents' request and if the census in the delivery suite is low enough to insure privacy for all patients.

The decision to interview mothers during the period of hospitaliza-

tion following delivery was based on the belief that this group would provide the most reliable information because:

1. having recently experienced the climactic event of childbirth the mothers could recall their feelings more accurately and, thus, be better prepared to assess their attitudes and feelings about the problem being studied.
2. during the post partum period of hospitalization, the mother is relatively free of the pressures and responsibilities of family living and has more time for and interest in discussing her feelings about childbearing.

The selection of mothers for the sample group was limited to those mothers who had an essentially normal labor and delivery. This criterion was established because complications involving either the mother or her infant might adversely affect her ability to participate in an interview, as well as her feelings about pregnancy and childbirth.

Actual selection of the mothers to be interviewed was accomplished by listing the names of all patients eligible under the accepted criterion and choosing every third individual as a possible candidate. This method of selection was maintained throughout, except that all primiparae and all clinic patients were included to insure as large a representation as possible in these two sub-groups. The sample group was composed of twelve mothers selected in this manner who were willing to participate in this study. Three mothers in the group were primiparae. One mother received her prenatal care in the maternity clinic. The age range in this group was from twenty-one to thirty-four years; the median age was twenty-eight.

Tool Used to Collect Data

An interview guide developed by the investigator was the tool used to obtain the data from each mother. The interview has several advantages over the questionnaire in obtaining information and feelings about experiences

and situations which are characterized by more extensive emotional involvement on the part of the interviewee. In a face-to-face meeting, the interviewer has an opportunity to establish a relationship which can decrease the effect of social pressures and of preconceived ideas about acceptable responses. The validity of the responses about attitudes and feelings is increased if an accepting, non-critical atmosphere can be established. Also, the flexibility of the interview allows for repetition or rephrasing of questions that are unanswered or misinterpreted. At the same time, administration of an interview requires skill on the part of the interviewer, if these advantages are to be utilized. Although the investigator's experience in interviewing was not extensive, the particular advantages of the interview as an instrument in this type of study appeared to offset the possible limitations.

Questions were formulated which would obtain the mother's feelings about having her husband present during her labor, as well as her opinion about this practice in general. In order to test the relationship of the four factors being studied, questions about parity, the amount and source of prenatal education received by the mother, her general educational background, and her attitude towards pregnancy and childbirth were also developed. The questions about attitudes towards pregnancy and childbirth were formulated from suggestions found in Newton's study of maternal attitudes.¹ The organization of the interview guide was designed to present the more factual questions first in order to allow more time for the establishment of a constructive relationship.

¹Niles Newton, Maternal Emotions (New York: Harper and Brothers, 1955), p. 109-112.

The guide was pretested on a small group of patients on the maternity unit of the agency selected for collection of data. The responses were analyzed to determine the effectiveness of each question and of the guide as a whole. No questions were changed, although several words were substituted in instances where the original choice had not been readily understood by the test group.

Procurement of Data

Arrangements were made by telephone to discuss the project with the Director of Nursing Services of the hospital in which the study was conducted. The Director gave her approval and made arrangements to contact the Chief of Staff of the Obstetrical Service to secure his consent as well. After permission was granted, the head nurse on the post partum unit was asked to discuss arrangements for selecting patients and collecting data. At the suggestion of the head nurse, the interval between eleven-thirty in the morning and one-thirty in the afternoon was planned as the best time for conducting interviews; this period was relatively free of procedures or possible interruptions. The investigator selected the patients on the basis of information provided by the head nurse. The head nurse and her staff offered their cooperation in preventing undue interruptions during interviews.

The mothers selected were approached by the investigator who introduced herself, explained the purpose of the project and invited the mother to participate in the study. All mothers were assured that the anonymity of their answers would be preserved. Each question on the interview guide was discussed in order, although the manner of introduction and the pace of the interview varied with each individual. The length of the interview

period ranged from thirty to forty-five minutes. No mother refused to take part in the study and, although the amount of enthusiasm varied, each mother seemed pleased to have the opportunity to voice her opinions about this important event in her life. Several mothers used this opportunity to ask questions about pregnancy and childbirth, particularly about the care of their infant. These questions were handled by the investigator or referred to the staff, whichever seemed the most appropriate in the situation.

The atmosphere of the maternity unit was friendly and relaxed. During this period, most mothers were resting or talking with each other. Lunch was served during this time, but the distribution of trays was unobtrusive and the air of calm and quiet was not noticeably disturbed at any time during the week in which the interviews were conducted. No mother appeared to feel any restraint about expressing herself freely and no one objected to any of the questions asked. This environment seemed to be particularly conducive to the collection of data by interview.

CHAPTER IV

FINDINGS

Presentation and Discussion of Data

Interviews with twelve mothers who were post partum patients on the maternity service of a general hospital provided the data for this study. The purpose of the study is to report the feelings of these mothers about having their husband present during part or all of their labor and the reasons for these feelings. The mother's parity, her attitude towards pregnancy and childbirth, her general educational background, and the amount and kind of prenatal education she received were also studied to determine whether these factors were related to her feelings about her husband's role during childbirth. The first data presented will be the responses of these mothers to the questions about their feelings concerning the husband's presence during labor, followed by the data on the relationship of each of the four factors to the feelings expressed by the mothers.

Three of the twelve mothers interviewed stated emphatically that they wanted their husband with them at this time. Two of these mothers were primiparae whose husbands had been with them during their labor. Both of these women stressed the fact that their husband's presence provided support and reassurance. Their own comments best indicate their feelings.

The most important reason that I was calm, cool, and collected was that the two most important people in the world were with me--my husband and my doctor.

I felt a lot safer--more secure. He was a big help. I admit

I was scared. He helped me relax a lot. I'd rather have him there than all the doctors.

The first mother also recognized that her husband valued the experience because it gave him the opportunity to contribute to and participate in the birth of their child. The second mother saw the value of this experience as a source of support for her and felt that this was the reason that her husband stayed with her. The third mother, who responded with an enthusiastic "yes", had not actually had this experience, but she felt that her husband's presence would make her more relaxed and confident and that they should be able to share this important event in their lives.

Two of these mothers had discussed this subject with their husbands and both fathers had expressed their desire to be present. The mother who saw her husband's role as that of a supportive person for her had not discussed this experience with her husband and she felt that, although he was glad to be with her, he was uneasy in this situation. All three mothers stated that husbands and wives should be permitted to be together during labor, if both of the parents wanted this experience. The mother whose husband had not been present felt that doctors must not approve of this procedure "because they don't let husbands in--from their point of view it must not be so good".

Five mothers wanted their husbands to stay with them during early labor, but did not want them to remain after they began to have strong contractions. All five of these mothers had more than one child and four of this group had their husband with them during the early stages of their labor. Their comments indicate that they felt this experience was a source of comfort for both parents.

He was with me until I had medication. He was better off if he knew what was going on, up to a point. I wanted him there because I think it brings the husband and wife closer when you are sharing this thing.

I would have liked to have had him there before I was doing any suffering. It would be more pleasant to have him there than to be alone, or staring at the ceiling, or talking to the nurse.

It helps to have someone with you, although the nurses were very good. They were with you all along.

It is a comfort for the husband to be in on it more and a comfort to the wife. My husband was with me until the pains got real strong. I enjoyed that--having him there.

He was there and I could reach out and touch him. That made all the difference in the world. To me it was very nice to be alone with my husband. After all, it is a very special time.

All of these women wanted their husband to leave once active labor had begun. All of them expressed the feeling that they did not want their husband to see them "suffering" because this experience would frighten him. One mother expressed this common feeling in her comment that "the less he sees me suffer, the better off he is". Several pointed out that they would receive medication at this point and they felt that they would not be aware of his presence anyway. Three of these mothers did not recall having discussed this with their husband, although two of them had had their husband with them during part of their labor. However, all five mothers were sure that their husband would agree that his presence was comforting to both of them during early labor, but that, after this point, his apprehensions would only be increased. These mothers agreed that husbands should be permitted to stay with their wife during early labor. Two mothers thought that this decision should be made by the husband.

All of these mothers had experienced labor and delivery at least

twice. It is interesting that they all expected to have considerable pain and discomfort, although each one reported receiving medication and anesthesia. At the same time, they all expressed their feeling that the husband should not stay throughout labor in terms of the husband's reaction to the pain which the mother experiences.

Four of the twelve mothers in this sample stated emphatically that they did not want their husband with them at any time during labor. Their reason for this feeling was that this would not be appropriate or helpful for their husband. This common feeling runs through each of their comments.

He is the restless type. I don't know how he would react. I don't think it would bother him outwardly, but it would inwardly. It would bother me too. I'd just as soon be alone.

Absolutely not. I think that this is a woman's job. The husband shouldn't be involved. He is better off just pacing around. There is nothing he can do anyway.

I think maybe a man wouldn't want to have anymore children. It would take a lot out of him. He shouldn't have to put up with it. The nurses are there and they will dope you. I know I am in good hands.

My husband couldn't take it. I think I would be more tense. He would get upset. I don't think it is necessary for him to see all that pain.

Two of these mothers had asked their husband if he would want this experience and both husbands had replied negatively; the other two women felt that their husband would not want to stay with them. In response to the question about their attitude towards this practice in general, two mothers stated that they could see no purpose in allowing husbands to stay in the labor room. The other two recognized that this might be a source of security and comfort for some couples and, thus, they felt that the decision should be made on the basis of individual preferences.

As with the second group of mothers, these women anticipated that childbirth would be a period of pain and suffering, although three of the four felt that the medication and anesthesia which they received provided effective pain relief. Because of this expectation, none of them felt that they or their husband would benefit from sharing this experience.

The possible relationship between the mother's parity and her feelings about her husband's role during labor is difficult to determine from the data obtained. The group of primiparae was too small to provide any valid generalizations. However, two of the three mothers having their first baby wanted to have, and actually did have, their husband with them during their labor. In comparison, six of the nine multiparae wanted their husband present during all or part of this experience. It does seem significant that two of the three mothers most enthusiastic about the value of their husband's support during labor were mothers having their first experience with childbirth. These two women did not speak of labor and delivery in terms of pain and suffering, although they did comment on the discomfort produced by the contractions. The primipara who did not want her husband present reported that she remembered very little about her labor and delivery because of the medication she received and she expressed relief that she was so little aware of what had happened. It would seem that one source of support for her during labor was her confidence that her doctor would "put me to sleep". At the same time, the mothers who had other children might be expected to have less anxiety and apprehension about childbirth because of their past experiences and yet a majority of these women felt that their husband's presence would contribute to their sense of security and comfort. These results would tend to indicate that the mother's parity, in itself, was not a highly

The general educational background of these twelve mothers ranged from completion of high school to graduate education. Table 1 shows the distribution of the mothers' feelings about having their husband with them during labor according to the level of education attained by each mother.

TABLE 1

THE MOTHERS' FEELINGS ABOUT THEIR HUSBAND'S PRESENCE
DURING LABOR DISTRIBUTED ACCORDING TO
LEVEL OF EDUCATION COMPLETED

Level of Education Completed	Primiparae's feelings about husband's presence			Multiparae's feelings about husband's presence		
	Desired	Not Desired	Only during Early labor	Desired	Not Desired	Only during Early labor
High school	1 ^a	..	..	1	3	1
2 years college	1	..	..	..	..	2
4 years college	..	1	..	..	..	1
Graduate study	..	..	..	..	..	1

^aFigure represents number of individuals

Significantly, five of the six mothers who had continued their studies beyond high school wanted their husband with them during part or all of their labor. In this sample group, the general educational preparation of the mother appeared to be a factor which differentiated those mothers who felt that their husband's presence during labor was a valuable experience from the women who did not desire it. The college graduate who did not want her

husband to stay with her during labor was the primipara who could not recall anything about her labor and delivery because of the medication she had received.

The third factor studied was the attitude of the mother towards pregnancy and childbirth. Table 2 presents the distribution of the mothers' feelings about their husband's role during labor according to their attitudes towards pregnancy. The responses to these questions were categorized

TABLE 2

THE MOTHERS' FEELINGS ABOUT THEIR HUSBAND'S PRESENCE
DURING LABOR DISTRIBUTED ACCORDING TO
ATTITUDES TOWARDS PREGNANCY

Attitude Towards Pregnancy	Primiparae's feelings about husband's presence			Multiparae's feelings about husband's presence		
	Desired	Not Desired	Only during Early labor	Desired	Not Desired	Only during Early labor
Positive	2 ^a	1	..	1	2	3
Negative	..	..	..	..	1	1
Mixed	..	..	..	..	..	1

^aFigure represents number of individuals.

according to the method used by Newton.¹ The mothers' statements about pregnancy and childbirth were classified on a three point scale according to the words used in describing these events. Responses about pregnancy which expressed positive feelings, such as "it was a wonderful experience",

¹Niles Newton, Maternal Emotions (New York: Harper and Brothers, 1955), pp. 116-117.

"I was happy carrying this baby", and "I had no problems with this pregnancy", were rated as indicative of positive attitudes towards pregnancy. Similarly, responses containing negatively toned words or phrases were rated as indicating negative attitudes. Any responses which consisted of both positive and negative elements were classified as mixed responses. The mothers' statements about their experiences during childbirth were scaled by the same method. Table 3 shows the distribution of the mothers' feelings about having their husband with them during labor according to their attitudes towards childbirth.

TABLE 3

THE MOTHERS' FEELINGS ABOUT THEIR HUSBAND'S PRESENCE
DURING LABOR DISTRIBUTED ACCORDING TO
ATTITUDES TOWARDS CHILDBIRTH

Attitude Towards Childbirth	Primiparae's feelings about husband's presence			Multiparae's feelings about husband's presence		
	Desired	Not Desired	Only during Early labor	Desired	Not Desired	Only during Early labor
Positive	1 ^a	1	..	..	1	2
Negative	..	..	..	..	2	2
Mixed	1	..	..	1	..	1

^aFigure represents number of individuals.

The results of this measurement of the mothers' attitudes towards pregnancy showed that nine women had positive feelings about their pregnancy. The fact that six of these mothers wanted to have their husband

present during part or all of their labor indicates that women with more positive attitudes towards pregnancy are more likely to want their husband's support at this time.

The attitudes of this group of mothers towards childbirth, as measured by this method, showed a larger proportion of negative feelings. The distinction between the two groups on the basis of their attitudes toward labor and delivery was not as clearly evident. The larger number of negative and mixed ratings would seem to be related to the fact that the majority of these mothers perceived labor and delivery as an event which is characterized by "pain" and "suffering". In this group of mothers, positive attitudes towards childbirth did not necessarily indicate that the mother would like to have her husband with her during labor.

The last factor to be evaluated is the amount and kind of prenatal education received by this group of mothers. There was a wide range in the quality and effectiveness of this preparation. Only one mother had attended formal classes for expectant parents. This mother was a primipara who used all available resources to prepare herself for childbirth and her role as a mother. She sought out these classes and took the initiative in arranging for a tour of the hospital maternity unit. She also reported that her doctor answered all of her questions promptly and explicitly, even when the patient felt that her questions were silly. She was quite satisfied with her preparation and felt that her experience in childbirth was more satisfactory because of her confidence in herself and in her doctor.

The only mother who mentioned a nurse as a source of prenatal education was a primipara who had attended the maternity clinic. She had received literature at the clinic which she had used, and stated that the

clinic staff had given her detailed explanations about what to expect during childbirth. However, the professional person who was most helpful to her was the public health nurse who saw her regularly throughout pregnancy and helped her manage her fears about labor and delivery. This mother pointed out that the reason this nurse was so effective was that she "felt easy with the nurse and I could talk to her about anything that I wanted to know".

The third primipara in this sample group had read several books and articles on pregnancy, childbirth, and care of the newborn. She had discussed anesthesia, natural childbirth, and breast feeding with her doctor. She knew of the mothers' classes in her local community, but she had not attended because she felt that she had received adequate information from other sources, including her experience helping her sister care for her infant. However, she felt very strongly that her preparation had been inadequate, particularly in helping her anticipate problems in caring for a newborn infant. She was happy that she had been heavily medicated during her labor because she realized that she had not really known what to expect. This particular mother ought to have been encouraged to attend expectant parents classes.

Most of the mothers who had more than one child indicated that their need for information was greatly reduced after their first experience with pregnancy and childbirth. Only one of these mothers felt that attending parents classes would have been helpful and she did not know where this service was available. Three mothers would have liked to have attended such classes with their first pregnancy. The most frequently mentioned book was Dr. Spock's Baby and Child Care. The articles and columns printed

in several of the lay magazines were also mentioned as sources readily available to most mothers. Five mothers felt that their doctor was the only source of preparation and information that they needed or wanted.

Table 4 presents the distribution of the mothers' feelings about having their husband present during labor according to the source of their prenatal preparation. The effect of prenatal parents classes on the

TABLE 4

THE MOTHERS' FEELINGS ABOUT THEIR HUSBAND'S PRESENCE
DURING LABOR DISTRIBUTED ACCORDING TO
THE SOURCE OF PRENATAL PREPARATION
RECEIVED BY THE MOTHERS

Source of Prenatal Preparation	Primiparae's feelings about husband's presence			Multiparae's feelings about husband's presence		
	Desired	Not Desired	Only during Early labor	Desired	Not Desired	Only during Early labor
Formal classes	1 ^a	..	..	..	..	..
Articles, books, doctor, nurse	1	..	..	..	..	..
Articles, books, doctor	..	1	..	..	..	3
Experience, books, articles	..	..	..	1	..	..
Doctor	..	..	..	..	3	2

^aFigure represents number of individuals.

mothers' feelings about their husband's role in childbirth cannot be determined because only one mother had had this experience. However, it is significant that the two mothers who were most enthusiastic about the benefits of the supportive presence of their husband during labor received the most extensive preparation and used a greater variety of sources. For the primiparae, prenatal preparation did correlate with positive feelings about having the husband present. The multiparae's decreased need for supportive preparation makes this a less important factor, although in this group those women who had more than one source of information were those who wanted their husband's support during part or all of their labor. The importance of the physician as a source of information is readily apparent. The infrequent contact of this group of mothers with a nurse as a source of prenatal preparation deserves close attention.

CHAPTER V

SUMMARY

This study was undertaken to determine the feelings of mothers about having their husband stay with them during labor and the reasons for these feelings. The mother's parity, her general educational background, her attitude towards pregnancy and childbirth, and the amount and kind of prenatal education received by the mother were evaluated to determine if these factors were related to the mother's feelings about her husband's role during childbirth. For this study, the assumption was made that the majority of mothers would like to have their husband present during part or all of their labor and that the mother was more likely to want her husband with her if:

1. She was having her first child.
2. She had received post high school education.
3. She had more positive feelings towards pregnancy and childbirth.
4. She had attended prenatal parent education classes.

The data were obtained from guided interviews with twelve mothers who were delivered in the maternity unit of a general hospital located in a suburban area. The mothers were interviewed at the bedside during their post partum period of hospitalization.

In response to the question about having their husband present during labor, three of the twelve mothers stated that they wanted to have their husband with them at this time. Their primary reason was that they felt his presence would give them necessary support and reassurance. These mothers also recognized that this experience would permit their husband to

have a more important and satisfying role in childbirth. Five mothers wanted their husband with them during early labor. Most of these mothers felt that sharing this experience provided comfort for both parents. The presence of the husband during active labor was not desired because these women felt that he would react negatively to the mother's pain and discomfort. Four mothers did not desire their husband's presence at any time because they felt that the father should not be involved in this part of childbearing and because he would not be able to tolerate the discomfort which his wife was experiencing. Ten of the twelve mothers felt that parents should be permitted to share this experience and that this decision should be made by the individuals involved.

The evaluation of the relationship between the mother's parity and her expressed feelings about her husband's role during childbirth revealed that two of the three primiparae wanted their husband with them. Six of the multiparae wanted their husband present during all or part of their labor. Five of the six mothers in this sample who had continued their education beyond high school desired their husband's presence during labor. The six mothers who did not continue their education were evenly divided in their feelings about the husband's role during childbirth.

The evaluation of the mothers' attitudes towards pregnancy revealed that six of the nine mothers with positive attitudes desired their husband's presence during labor. Four mothers expressed negative feelings towards childbirth and they were evenly divided in their feelings about having their husband with them. Three of the five who had positive attitudes towards childbirth gave affirmative responses to the questions about the husband's role during labor. The three mothers who expressed mixed feelings towards

childbirth wanted to have their husband share this experience.

The amount and kind of prenatal education received by these twelve mothers covered a broad range. One mother had attended formal classes as part of her preparation, which also included reading literature, reassurance and detailed information from her doctor, and support and encouragement from her husband. One mother received extensive information and explanation from the public health nurse and the clinic staff. Five mothers relied on their doctor for their preparation. Six of the seven mothers who had more than one source of information and preparation wanted to have their husband present during labor. Three of the five mothers who received their preparation from one source did not see any positive benefits for them in this experience.

The data obtained from this group of twelve mothers supported the hypothesis that the majority of women want to have their husband with them during part or all of their labor. The hypothesis about the characteristics of the mothers who wanted this experience was only partially corroborated. In this group, the ratio of positive responses to the questions about the husband's presence was similar for both multiparae and primiparae so that this factor did not appear to influence their feelings. The attitude of the mother towards childbirth did not necessarily relate to her feelings about her husband's role during childbirth. However, the mothers who had received post high school education and who had more positive feelings towards their pregnancy were more likely to want to have their husband with them during labor. Since only one mother had attended parents classes, the data obtained were not sufficient to test the influence of this factor. However, those mothers who had received information and preparation from

more than one source were more likely to want their husband with them during labor.

Conclusions

From the data obtained in interviews with these twelve mothers, the following conclusions were drawn:

1. The majority of mothers wanted to have their husband stay with them during part or all of their labor. Most mothers felt that his presence would be most desirable during early labor.
2. Those mothers who wanted their husband with them felt that he would be a source of support and reassurance for them. Most of these women also stated that both parents benefit from being able to share this important experience in their lives.
3. Those mothers who wanted their husband with them were more likely to have positive feelings towards pregnancy, to have continued their education beyond high school, and to have received more extensive prenatal education.
4. The mother's feelings about having her husband present during labor were influenced by her expectation that this experience would be characterized by pain and suffering. This perception of childbirth was expressed by all mothers who did not want their husband present.
5. The mothers who did not want their husband to be present at all or during active labor felt that he was not prepared to participate in this experience and that he would react negatively to their discomfort.
6. The majority of mothers felt that husband and wife should be permitted to share this experience and that the parents should be the ones to make this decision.
7. The mother's parity was not necessarily a factor which influenced her feelings about having her husband with her during labor. However, the primiparae who wanted their husband with them expressed much stronger feelings about the importance of his support and encouragement.
8. Most mothers feel that prenatal parent education classes are most valuable during their first pregnancy. However, more mothers would participate in these classes if information about them was more readily available.

9. The professional nurse is rarely used as a source of information in the prenatal education of these parents.

Recommendations

As a result of this study, the following recommendations are made:

1. That the practice of permitting husbands to remain with their wife during early labor should be continued in this hospital. Consideration should be given to the possibility of providing this opportunity for all parents who desire it.
2. That consideration might be given to more effective agency coordination and publicity for the development of parent education programs in which more parents would participate.
3. That a similar study could be conducted in other hospitals which have maternity units to determine whether permitting the husband to stay with his wife during labor would be a positive step towards improving maternity care.
4. That consideration be given to more effective use of the nurse as a participant in the prenatal preparation of parents.
5. That a similar study could be conducted to determine the feelings of husbands about their role during childbirth.

BIBLIOGRAPHY

BIBLIOGRAPHY

Books

- Garrett, Annette. Interviewing: Its Principles and Methods. New York: Family Service Association of America, 1942.
- Genne, William H. Husbands and Pregnancy. New York: Association Press, 1956.
- Goodrich, Frederick W. Natural Childbirth. New York: Prentice Hall, 1950.
- _____. Maternity: A Guide to Prospective Motherhood. New York: Prentice Hall, 1959.
- Hall, Robert E. Nine Months Reading. New York: Doubleday and Company, Inc., 1960.
- Lesser, Marion S. and Keane, Vera R. Nurse-Patient Relationships in a Hospital Maternity Service. St. Louis: C.V. Mosby Co., 1956.
- Merton, Robert K., Fiske, Marjorie, and Kendall, Patricia L. The Focused Interview. Glencoe, Illinois: The Free Press, 1956.
- Newton, Niles. Maternal Emotions. New York: Harper and Brothers, 1955.
- Read, Grantley Dick. Introduction to Motherhood. New York: Harper and Brothers, 1950.
- Selltiz, Claire, et al. Research Methods in Social Relations. New York: Henry Holt and Company, Inc., 1960.
- Thoms, Herbert. Understanding Natural Childbirth. New York: McGraw-Hill Book Company, Inc., 1950.
- Wiedenbach, Ernestine. Family-Centered Maternity Nursing. New York: G.P. Putnam's Sons, 1958.
- Yankauer, Alfred, et al. Pregnancy, Childbirth, The Neonatal Period and Expectant Parents Classes. New York: New York State Department of Health, 1958.

Periodicals

- Alperin, Shirley H. "What They're Saying", Nursing World, CXXXIII (February, 1959), 5-6.
- Atlee, H.B. "A More Humane Type of Maternity Hospital", The Canadian Nurse, XLVII (October, 1951), 705-709.
- Cunningham, Norah E. "Supportive Maternal and Child Care", The Canadian Nurse, LV (November, 1959), 990-995.
- Davis, M. Ed. "Progress in the Management of Labor and Delivery", Journal of the American Medical Association, CLXXII (January 30, 1960), 409-413.
- Eaton, Bernard. "Should a Father See His Baby Born?", Child-Family Digest, XIV (April, 1956), 103-104.
- Family-Centered Maternity Care", Hospital Topics, XXXVIII (January, 1960), 57-58.
- Farley, James V. "What Does Educated Childbirth Mean to the Mother As Seen by the Father", Child-Family Digest, XVIII (May-June, 1959), 79-81.
- Gittleson, Natalie. "The Case Against Natural Childbirth", Harpers Bazaar, XCIV (February, 1961), 136 and 178-179.
- Greer, Williams. "I Was a Father Once Myself", Modern Hospital, LXXXIV (January, 1955), 68-72.
- Hogan, Aileen. "Plus Factors in Maternity Care", Bulletin of Maternal and Infant Health, VII (1960), 25-28.
- Janeway, Carol, Parks, John and Hughes, Horace. "What and How Shall We Teach Expectant Parents", American Journal of Public Health, XLI (November, 1951), 110-116.
- Laird, Marion D. and Hogan, Margaret. "An Elective Program for Preparation For Childbirth at the Sloane Hospital for Women, May 1951 to June 1953", American Journal of Obstetrics and Gynecology, LXXII (September, 1956), 640-647.
- Martin, Purvis L. and Smith, Steward H. "Public Relations in Our Maternity Wards", American Journal of Obstetrics and Gynecology, LXXXI (June, 1961), 1079-1085.
- Smith, Christine S. "We Asked the Patients", Nursing Outlook, VI (August, 1958), 458-459.

"Survey of Attitudes of 300 Expectant Fathers", Briefs, XX (December, 1956), 10.

Thoms, Herbert and Wiedenbach, Ernestine. "Support During Labor", Journal of the American Medical Association, CLVI (September, 1954), 3-5.

Wrieden, Jane E. "A New Baby Is 'One of the Family' In This Hospital", Hospitals, XXXII (February 16, 1958), 47-48.

Unpublished Materials

Halloran, Mary C. "An Investigation of the Kind of Nursing Care the Expectant Mother Anticipated Prior to Entering the Hospital and the Kind of Care the Mother Received Having Been Hospitalized", Unpublished Master's field study, School of Nursing, Boston University, 1959.

APPENDIX

Interview Guide

1. Did you work before your marriage?

Did you have any special preparation for this work?

2. How many children do you have now?

3. Did you read any articles or books on pregnancy and delivery?

What subjects or books?

4. Did you discuss pregnancy and delivery with your doctor or the nurse?

What topics? With whom?

5. Did you attend mothers classes during pregnancy?

Would you have attended, if you had known where they were held?

6. Would you have liked to have had more information or opportunity to discuss pregnancy and delivery?

What particular topics? With whom?

7. How do you feel about your pregnancy?

8. What kind of experience would you say you had giving birth to this baby?

9. Would you have liked to have had your husband stay with you during part or all of your labor?

Why do you feel this way?

How do you think your husband feels about this?

Did you and your husband discuss this?

10. Do you think husbands should be permitted to stay with their wife during part or all of their labor?