SAUNDERS, REBECCA BURDETTE. Lamaze Prepared and Non-formally Prepared Fathers: A Comparative Study of Expectations and Retrospections of the Labor and Delivery Experience. (1977) Directed by: Mrs. Margaret G. Klemer. Pp. 69.

This study explored the effect of Lamaze preparation on fathers' views of the childbirth experience. The purpose of the study was to determine whether there was a difference between the Lamaze prepared and the non-formally prepared fathers' expectations prior to the labor and delivery experience, and in their retrospections of the actual experience of labor and delivery. Four null hypotheses were tested: (1) There is no difference between the expectations and the retrospections of the labor and delivery experience for the Lamaze prepared father. (2) There is no difference between the expectations and the retrospections of the labor and delivery experience for the non-formally prepared father. (3) The Lamaze prepared father will have expectations of the labor and delivery experience no different from the non-formally prepared father. (4) The Lamaze prepared father will have retrospections of the actual labor and delivery experience no different from the non-formally prepared father.

Twenty expectant fathers participated in the investigation. Fourteen fathers had attended Lamaze classes with their wives in preparation for childbirth, and six fathers had no formal preparation. All fathers accompanied their wives throughout labor and birth, and all met established criteria for inclusion in this study.

Data were collected, using pretest and posttest questionnaires which were designed by the investigator. Each questionnaire contained 25 items. The first 24 items were placed on a Likert-type scale, and

the 25th item provided the expectant father an opportunity for written expression of his feelings. Mean scores were obtained for both sample groups on the responses to the numerically interpreted data on both the pretest and posttest. A *t* test was performed on all scores, and a significance level of .05 was used. Written data supplied by the fathers were summarized, and broad differences between expectations and retrospections were identified for each group.

The analysis of data revealed that of the four null hypotheses, two were accepted and two rejected. The first null hypothesis, there is no difference between the expectations and the retrospections of the labor and delivery experience for the Lamaze prepared father, was accepted. The second null hypothesis, there is no difference between the expectations and the retrospections of the labor and delivery experience for the non-formally prepared father, was also accepted. The third null hypothesis, the Lamaze prepared father will have expectations of the labor and delivery experience no different from the non-formally prepared father, was rejected. The fourth null hypothesis, the Lamaze prepared father will have retrospections of the actual labor and delivery experience no different from the non-formally prepared father, was also rejected.

The findings of this study indicated that Lamaze preparation did make a difference in the way fathers viewed the childbirth experience. Lamaze prepared fathers had more positive feelings about the experiences of labor and delivery than those fathers who had no formal preparation. Both the Lamaze prepared and the non-formally prepared fathers, however, seemed to be realistic in their expectations of labor and delivery. The events of birth did not significantly change fathers' views of the experience when they accompanied their wives during labor and delivery.

LAMAZE PREPARED AND NON-FORMALLY PREPARED FATHERS: A COMPARATIVE STUDY OF EXPECTATIONS AND RETROSPECTIONS OF THE LABOR AND DELIVERY EXPERIENCE

by

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TABLE OF CONTENTS

TABLE OF CONTENTS (continued)

LIST OF TABLES

CHAPTER I

INTRODUCTION

Statement of the Problem

Increasing emphasis in nursing is being placed on implementing the concept of family-centered care, yet much of the literature has retained a strongly maternal focus. The role of the father in the family has received little enough notice in the past, but the paternal role during pregnancy and childbirth has been largely minimized or ignored. Within the past two decades, however, more men have begun to search for means of expanding their roles as husbands and fathers. In addition to nursing, the disciplines of psychology, sociology, and medicine have thus been stimulated to direct more focus on the father's individual interests and concerns. Progress has been made in understanding and assisting men through their transition into parenthood.

Since the middle of the 1960s there has been an increasing trend toward participation by the father in the childbearing process. The Lamaze method of preparation for childbirth has enjoyed particular popularity in many areas of the United States, and these classes provide an opportunity for the couple to share the event of birth. The benefits of Lamaze preparation for the mother have been substantiated, but to date little attention has been directed to what influence this preparation has on the response of the father. This study explored the effect of Lamaze preparation on the fathers' views of the childbirth experience.

Statement of Purpose

The purpose of this study was to determine if there was a difference between the Lamaze prepared and the non-formally prepared fathers' expectations prior to the labor and delivery experience, and in their retrospections of the actual experience of labor and delivery.

Definition of Terms

Terms used throughout this study were defined as follows:

Lamaze preparation. Readying of expectant couples for childbirth through classes taught by a registered nurse instructor who was certified by the American Society for Psychoprophylaxis in Obstetrics. The father was considered prepared if he had attended four of the six scheduled Lamaze classes (see Appendix A).

Non-formal preparation. No attendance of structured antepartal classes on childbirth by the expectant father. This definition did not preclude reading, discussion with friends or family, or other non-structured information concerning childbirth.

Expectation. A prospect of the future (Webster's Seventh New Collegiate Dictionary, 1974). For the purposes of this study, expectations referred to the fathers' anticipation of the labor and delivery experience.

Retrospection. Process of surveying the past (Webster's Seventh New Collegiate Dictionary, 1974). As used in this study, retrospection referred to the fathers' recall of the labor and delivery experience.

Hypotheses

Four null hypotheses were tested in this study.

1. There is no difference between the expectations and the retrospections of the labor and delivery experience for the Lamaze prepared father.
2. There is no difference between the expectations and the retrospections of the labor and delivery experience for the non-formally prepared father.
3. The Lamaze prepared father will have expectations of the labor and delivery experience no different from the non-formally prepared father.
4. The Lamaze prepared father will have retrospections of the actual labor and delivery experience no different from the non-formally prepared father.

Justification for Study

In modern society, men often have had difficulty in assuming the role of parent, due in part to the conflict between the traditional and the new concepts about masculinity and fatherhood (English, 1965). It was the belief of this investigator that nurses can play an important role in helping an expectant or new father to define and clarify his role as an integral and interacting member of the family. Nurses who assist the couple throughout the childbirth experience have unique opportunities to facilitate the husband's transition into parenthood. Concern that is expressed for the expectant father may lead to nursing that is truly family-centered.

The concept of family-centered care is evident in the Lamaze classes, which have become an increasingly popular method of preparing the expectant couple for the birth of their child. What difference does it make if the father is prepared for a role in the childbirth process? Are his expectations and retrospections of what happens any different from the father who is not formally prepared? The investigator believed that nurses who instruct in the Lamaze classes need some indication as to whether their classes are accomplishing what they intend, not only for the mother, but also for the father. Findings of this investigation should assist the Lamaze instructor in evaluating the content and the teaching methods to determine whether the classes provide adequate preparation for the participation of fathers in the childbirth experience.

Nurses who participate in the care of expectant couples in the labor and delivery area of the hospital can also utilize the information obtained through this study. It is reasonable to suggest that understanding what the father expects or perceives may allow those nurses to better anticipate needs. The physical and emotional support needed by the Lamaze prepared father may differ from that needed by the father who has not been formally prepared.

Others who might benefit from the results of this study include any nurse or nursing student who has contact with maternity patients in the many and varied settings where these patients may be given care, for example, in clinics, doctors' offices, or in the patients' homes. All nurses are health educators (Murray and Zentner, 1975) and have numerous opportunities to teach in both formal and informal situations.

Knowledge of the expectant fathers' expectations and of the new fathers' retrospections of the labor and delivery experience broadens the base of understanding from which the nurse is able to teach or explain.

Assumptions

Two assumptions were made in relation to this study:

1. The fathers who responded to the questionnaires were conscientious in giving candid replies.
2. The attitudes of the medical and nursing personnel were equally supportive of the Lamaze prepared and the non-formally prepared fathers.

Limitations

The following were recognized as limitations to this study:

1. The nursing intervention each expectant couple received during labor and delivery could not be controlled.
2. There was no previously validated instrument for the evaluation of the childbirth experience from the father's viewpoint against which to validate the instrument that was utilized in this study.
3. This study could not determine if there were innate psychological differences or differences in socialization between the Lamaze prepared and the non-formally prepared fathers which could have affected their role in the childbirth experience.

CHAPTER II

REVIEW OF LITERATURE

There is a dearth of objective data concerning the father, particularly with respect to childbirth. No literature found by the investigator specifically explored expectant fathers' expectations of the birth experience or their retrospections of the event. Literature included in this review provided a background of information from which the study was developed.

To come to a better understanding of why fathers have not always been active participants during the childbirth experience, the initial exploration of literature concerned the paternal role. It was noted that as the concept of masculinity has undergone change, men have experienced difficulty in defining their role in the family.

The study of paternal role conflict logically led to literature available about the expectant father. As the role of father in the family narrows more specifically to the role of expectant father, changes in his feelings and behaviors have been noticed. Recognition of the special needs and concerns of the expectant father has stimulated recent investigations and more publication on the topic.

Another subject in the literature search was family-centered care, a concept which is presently being advocated vigorously in nursing. An exploration of the concept provided better understanding of its application to maternity nursing. The father is an important member of the family and was the focus of this study.

Because Lamaze preparation for childbirth does endorse the family-centered care concept and was the basis of this investigation, literature pertaining to the development of the Lamaze method was examined. This final division of the review of literature included a search for recent studies which have been concerned with the Lamaze prepared father.

Paternal Role Conflict

A view of the nineteenth century father was provided by English (1965) in his study of the psychological role of the father in the family. In the United States the traditional role of the father was thought of primarily as that of provider. The father accepted the fact that he would financially support the family while the mother cared for the home and raised the children. So much of his time and energy was expended in the breadwinner role that at home his children never learned to know him well. The Victorian stereotype of the father was that he was very busy and very successful, but he was not very interested in his children at all.

Nash (1965) identified the lack of adequate paternal role definition in Western culture, a lack which Rossi (1968) suggested may stem in part from the fact that male children have been socialized into predominantly occupational roles, leaving them deficient in sexual and social role integration. Because man has been pictured as the rugged, aggressive provider and the woman as the nurturant homemaker and child-rearer, the father's masculinity was questioned if he denied his prescribed role and crossed sexual lines (Brenton, 1966).

The role pattern of the contemporary father is inconsistent with the role pattern of the past. Benson (1968), in his extensive study of

fatherhood, indicated that as more mothers are employed outside the home and the size of families decreases, the father has been encouraged to assume more responsibility for domestic activities and parenting. Hines (1971) stated that the father's role in the family seems to be pointed toward a more cooperative, affectionate, and socially integrated pattern. It now seems to be acceptable for a father to enjoy more feelings of affection, tenderness, and concern, but he has difficulty expressing himself in ways which may still be considered masculine. Jessner, Weigart, and Foy (1970) observed that becoming a father is "still covered with the dust of stereotype and convention," but they noted that with the increased recognition of the importance of fatherhood and shifts in cultural definitions of masculinity, images of men's involvement in pregnancy, birth, and family life are broadening decidedly.

Further insight into the paternal role conflict was provided by Josselyn (1956) in her study on motherliness and fatherliness. She observed that literature has overemphasized the role of the mother and has implied that man does not have deep psychological roots of fatherliness, as is usually identified in the woman for motherliness. Contrary to the opinion of some, Josselyn believed that tenderness, gentleness, a capacity to empathize with others, and a capacity to respond emotionally is not the prerogative of women alone; it is a globally human characteristic.

Experiences of males in the formative years within the home and society have not reinforced Josselyn's hypothesis. Men have continued to experience the conflict between the socially defined masculine role and their desire to play a greater part in the birth and rearing of

their children (Heise, 1975). The difficulty that many men experience when they become expectant fathers may be evidence of the persisting conflict over the paternal role.

Expectant Fatherhood

William Genné in 1956 recognized that the involvement of the father in the pregnancy experience was important when he remarked that what happens to the husband during pregnancy is as important to the eventual success of the marriage and the family as what happens to the wife. Similar emphasis was placed on the expectant father's role by Schaefer (1965) when he observed that the husband has the opportunity to participate in one of the most overwhelmingly important experiences of married life. These authors stressed that the expectant father should strive to provide full emotional support for his wife, and they implied that the man's feelings are similar to those of his wife. The needs, emotions, and concerns of the man himself were largely ignored by these authors.

Although common concerns are shared by the expectant couple, the father's emotional experience of pregnancy is actually quite different from the mother's. Antle (1975) summarized the father's emotions and conflicts into those pertaining to one of the following four categories: (1) his protective feelings toward his partner, (2) his anxieties concerning his role as a provider, (3) his fears regarding the physical vulnerability of his partner and child, and (4) his heightened dependency needs and the nurturant emotions which pregnancy may elicit. The expectant father's dependency needs are especially incongruent with

the Western masculine stereotype, stated Antle, and those needs may go unrecognized and unexpressed.

Liebenberg, in a 1973 report on expectant fathers, had also made the observation that pregnancy is a period of heightened dependency for the man. She believed that a first pregnancy is a time when feelings about separation are intensified and when infantile conflicts between the father and his own parents are reactivated. The actual expression of the expectant father's needs and feelings varies with the individual.

Pregnancy may have a physical as well as an emotional impact on the expectant father. Symptoms which mimic pregnancy, such as unusual fatigue, nausea, headache, and backache may be experienced by the man. Antle suggested that such physical symptoms may be self-acceptable, unconscious expressions of the father's pregnant emotional state in individuals who are not prepared to verbalize their feelings freely. Other displays of unconscious needs and feelings were recognized by Liebenberg in reckless and physical daring, frantic work activity, and decline in sexual activity.

Not all of the unconscious means of coping with feelings are considered negative; there are also positive ways of managing (Leibenberg). The expectant father, for example, may choose to play a nurturing role by participating more in housework and becoming more considerate of his wife during pregnancy. These acceptable activities are often overlooked as displays of unexpressed needs and feelings.

Jones (1975) aptly described some of the feelings of the expectant father. He described pregnancy as a time for new psychological experiences and new stresses. The father-to-be is more aware of his wife's

dependence on him, and there may be anxiety that he will not be able to provide for the family. His wife's dependence on him may be greater if the extended family network does not exist or is remote. Emotional immaturity may render the expectant father unable to establish the greater intimacy which his wife seeks, and he may be inadequately equipped to be the recipient of her anxieties and fantasies. The anxieties of the expectant father continue into the labor and delivery stage and are very real. Yet, concluded Jones, the father usually responds to explanations and reassurances which may be offered.

In a 1976 article by Jacqueline Hott, pregnancy was described as a crisis period for the expectant father, a person who has been inadequately studied by scientific investigators. Neither expectant fathers, nor fathers in general have been extensively investigated, she claimed, because the only time fathers are available for research purposes is evenings and weekends. The health care system has effectively left the father out in planning maternity care, stated Hott.

In view of Hott's appraisal of the dearth of concrete data concerning the expectant father, it may be noted that although the volume of literature recently published shows an increased interest in the topic, seldom do the writings reflect a serious, systematic investigation of the fathers themselves. Within the past year, however, this now popular subject has stimulated the publication of at least four serious studies about the expectant father.

The first of these studies about the expectant father was based on interviews with a group of men whose wives were in the final trimester of pregnancy (Marquart, 1976). With only one exception, this group of

men felt that pregnancy was personally stressful. Regarding roles, these men agreed that impending fatherhood had brought changes in almost every area of their lives: as individuals, husbands, friends, and as employees. Although this stress did not appear overwhelming, it did exist.

The second study was descriptive in nature (Obrzut, 1976). Interviews with expectant fathers during the last two months of pregnancy revealed four areas of concern related to impending fatherhood: (1) infant-care skills, (2) adequacy as a father, (3) concern related to the marital dyad, and (4) financial security. The results of this study supported the view that becoming a father has its unique aspects that differ from those of becoming a mother.

While the previous two studies took a crisis orientation toward the expectant father's experiences, the final two studies contributed to the understanding of those experiences within a developmental perspective. Wapner (1976) conducted a study in which he identified some of the specific attitudes, feelings, and behaviors of a selected group of expectant fathers. A questionnaire was designed to be administered during the seventh month of pregnancy. The author concluded that expectant fathers in general do experience a wide variety of physical reactions that seem related to the pregnancy. More important, Wapner observed, was that the fathers he studied did not conceptualize themselves as primarily supportive figures. They had a sense that they, as well as their wives, were experiencing an important developmental phase in their lives.

The fourth study (Fein, 1976) was exploratory in nature, and data were collected through the use of interviews, questionnaries, and self-report forms. In viewing the man's perinatal experiences as a developmental phase, Fein examined the changes from before to after birth. Although the findings of this study emphasized post-partum adjustment to fatherhood, the report substantiated the belief that men desire emotional support during the birth experiences.

Each of these four studies has important implications for nurses. Since the investigations have shown that stress does exist in the expectant father, nurses can anticipate evidence of that stress and be ready to intervene and decrease its harmful effects. Nurses should recognize the father not as an extension of the expectant mother, but as an individual with different roles, and therefore different needs and concerns. Finally, nurses need to look at pregnancy as only one phase within the development of the family. Utilizing the principles of care which were identified in these four studies will contribute to a family-centered approach to nursing.

Family-centered Care

Pregnancy and childbirth were described by Duvall (1971) as one phase in the family's development. The expectant phase, which parallels the duration of pregnancy, involves the primary family members: the husband and the wife. The major goal of the expectant phase is adjusting to the pregnancy, an activity that varies greatly from one couple to another. The developmental crises of the expectant phase include both those involved with intimacy problems with the spouse and those

inherent in bearing children. If a family is to grow as a successful unit, the developmental tasks of each member must be accomplished in a way that will satisfy the biologic requirements, cultural imperatives, and personal aspirations and values.

Application of the developmental task concept can provide the nurse with useful tools as she works with members of the family in the childbearing phase (Clark, 1966). It is a sound principle that a person in a threatening situation may receive greater support from a family member with whom a close affectational bond has been established, stated Clark. Nurses need to develop skills in supporting the husband, who will in turn support the wife.

In order to better understand the family, it may be viewed as a system of relationships. Sedgwick (1974) emphasized that the system approach to the family differs from the traditional approach and has concomitant implications for health-oriented interventions. Acceptance of the family as a system permits one to consider the roles of the members in a non-traditional manner. A father no longer must fit the biological role stereotype; he is permitted to assume characteristics of caring, tenderness, and gentleness without being considered feminine. Although Sedgwick did not focus on the childbearing experience, the concept of the family as a system may be readily applied to this experience.

Nursing educators in recent years have emphasized care of the family rather than that of the individual alone. Goldman (1974) described a curriculum which stressed the family concept. Goals for nursing students in the program included the following principles:

(1) The individual influences the family and the family influences the individual. (2) The family goes through developmental tasks or stages, and its progress is influenced by total family interaction. (3) The nurse does not care for just a patient, but for a person who is part of a family, and for the family itself.

The concept of family-centered nursing seems to draw on both the developmental task theory and the system theory. McNall (1976) believed that family-centered maternity nursing regards pregnancy and childbearing not merely as a natural, physiologic experience, but also as a socially significant process essential for the creation, growth, and development of the family. This view of maternity nursing, therefore, has as its long-range goal not only the maximum safety, health, and welfare of the mother and expected baby, but also for the enhancement of the childbearing experience for the family (Wiedenbach, 1967). Family-centered maternity nursing, stated Wiedenbach, is directed toward strengthening parents' inner resources so that they may be better able to participate in the mother's pregnancy, labor and delivery, and to experience deep and enduring satisfactions which may be reflected throughout the childbearing period as well as in their roles as parents. The nurse is in a position to reinforce the effort of the couple to maintain individual self-realization, confidence, and self-respect. She may be able to alter appreciably the circumstances which overwhelmed the parents or she may enable them to modify their attitudes. In this way, concluded Wiedenbach, the nurse may contribute to the preservation of the family.

Some controversy has existed over the reality of giving care to a family. One of the problems in deciding whether family-centered care is a myth or an actuality is the confusion over the very definition of "family" (Atkinson, 1976). The single-parent family, nuclear family, extended family, and communal living group can all be considered family types, and as a result it is not readily apparent whom the "family" really includes. Atkinson believed that family-centered care is a means of providing family members with many options concerning the medical, nursing, and educational services they can take advantage of during pregnancy, birth, and the readjustment period following the birth of a baby. As services to the family are provided, Atkinson advocated broadening the definition of the "family" to include not only husbands, but also children, grandparents, and even close friends.

In the present decade, at least two research projects have been undertaken to evaluate the effectiveness of family-centered maternity care. Jordan (1973) compared a family-centered maternity hospital program with a traditional one, including only nuclear family members in her study. The investigation determined that family-centered care was beneficial in preparing the couple to adjust to the baby and effective in reducing physical and psychological problems during the first two months after childbirth. She found that the father's educational experiences increased his confidence in his ability to care for his baby and that the freedom he had with his baby in the hospital enhanced the father-child relationship.

A study by Sonstegard and Egan (1976) also compared traditional maternity nursing with family-centered care. The family in this study

also included only the nuclear members. Results of their research revealed that the family approach to care improved attitudes of both the patients and the nurses caring for them. The family-centered care concept, the authors concluded, can indeed make a demonstrable difference in the quality of health care administered.

The family was viewed in this present investigation as consisting of the husband, the wife, and the newborn: the nuclear family. Lamaze preparation for childbirth supports the family-centered approach to care. An exploration of the development of this method of preparation for childbirth was therefore appropriate.

The Lamaze Method

The psychoprophylactic method for childbirth originated in Russia, being first propounded by two Russian doctors, Nicolaiev and Velvovskiy. The rationale of the program was originally based on Pavlov's concept of pain perception and his theory of conditioned reflexes. Through the efforts of Dr. Fernand Lamaze, a Frenchman who trained in Russia, this psychological and physical preparation for childbirth was introduced first into Europe in 1951, and then into other continents. The term psychoprophylaxis became synonymous with the "Lamaze method" (Bing, 1967). In 1959, Marjorie Karmel published an account of her personal experience with the Lamaze method (Thank You, Dr. Lamaze), and this book was enormously influential in interesting American physicians and their patients in this new technique.

Through the joint efforts of Marjorie Karmel, a physical therapist named Elizabeth Bing, and others, the American Society for Psychoprophylaxis in Obstetrics (ASPO) was founded in 1960. ASPO is a national non-profit organization which promotes the development and acceptance of the Lamaze method of childbirth preparation. A primary function of this organization is to offer a comprehensive, specialized program for the education and certification of teachers of the Lamaze method. Applications for certification are accepted from physicians, registered nurses, or other allied health professionals who have a Bachelor of Science degree in a health science, behavioral science, social service, or education. A rigid and demanding course of study and practice ensures that the Lamaze instructors are knowledgeable and capable childbirth educators (The American Society for Psychoprophylaxis in Obstetrics).

In their text for laity who plan to utilize the Lamaze method, Ewy and Ewy (1970) gave the following description of the course.

> Basically, the Lamaze method prepares a woman emotionally, intellectually, psychologically, and physically for childbirth. The trained woman approaches childbirth with a positive attitude. She is aware of the mechanics of labor and delivery, and she knows how to work with the functions of her body. She is psychologically prepared to respond to the challenging experience before her. And she is physically equipped with techniques for coping with the demands of childbirth (p. 31).

Basic principles of the technique are education, understanding, preliminary exercises, and a technique of special breathing activity with relaxation during labor.

Lamaze preparation consists of the following sequence: (1) deconditioning, in which education and understanding of the process of labor and childbirth break the conditioned association between uterine contraction and pain, and (2) reconditioning, in which new beneficial

responses such as relaxation, concentration, breathing, and efflourage, are substituted for the previous pain response (Bing, 1967). Several changes have occurred in the Lamaze method as a result of experiences gained over the years of its use. Exercises, breathing techniques, theories of learning and motivation, and emphasis on the childbirth team concept constitute the major changes (Reeder, Mastroianni, Martin, and Fitzpatrick, 1976), but the basic principles remain unaltered.

The Lamaze method stresses that childbirth is a team effort. During a lecture given to childbirth educators in 1963, Dr. Pierre Vellay, a student of Dr. Lamaze, emphasized that the husband is one of the primary team members during childbirth, and he has well-defined responsibilities. The father takes an active role in the preparation of his wife for childbirth and assists her during labor and at birth to the best of his ability. A Lamaze childbirth, observed Vellay, is accomplished by the wife's efforts, but with the encouragement and assistance of her husband, under the guidance of the obstetrician and nurses.

The husband's role in the Lamaze method was seen by Bing as crucial to its successful use.

> He must help his wife while she is learning the respiratory techniques. He must see that she is properly relaxed during both practice and actual childbirth. He must help her concentrate on her breathing and signal the length of time between contractions. He must be constantly ready to provide both moral and physical support, not only by his own emotional and physical involvement, but also by the application of specific techniques that he will learn in class (p. 18).

Giving birth was seen as a team effort, with the father viewed as a vital member along with the mother, the obstetrician, and the nurses who assist the couple throughout labor and delivery.

The Lamaze prepared father has generated several studies. A 1972 investigation by Hott studied the measure of difference and change between prenatal and postnatal testing for two groups of expectant first-time fathers. Specifically, concepts of self and wife were investigated in men who had attended psychoprophylactic training (Lamaze classes) with their wives and of men whose wives chose the traditional method of childbearing without husbands present. Findings of the Hott investigation showed no significant differences in the Lamaze father's self-concept or in his concept of his wife, compared to the fathers who did not participate in Lamaze training.

Cronenwett and Newmark (1974) took a different approach in their investigation of Lamaze prepared fathers. This study focused on the practices of formal childbirth education (Lamaze training) and the attendance of the father in the delivery room during the birth of the child. The purpose of the study was to determine if variations in a father's preparation and attendance influenced three factors: the development of the paternal-child relationship, the development of the couple relationship, and the father's perception of his family's development as positive or negative. Results of the study revealed that those who attended Lamaze classes and/or were present at the delivery reported more positive attitudes toward their relationship with their wives and about the childbirth experience. No measurable differences occurred between groups in relation to their attitudes toward their infants.

A third investigation of Lamaze fathers was undertaken to identify the attitudes, feelings, and behaviors of expectant fathers (Wapner,

1976). The study was conducted with fathers who were attending Lamaze classes. No attempt was made to compare the Lamaze prepared to the non-formally prepared father. The findings of this study, which were discussed earlier in the review of literature (p. 12), were therefore limited in their interpretation.

The final research project found which involved Lamaze prepared fathers was reported by Wente and Crockenberg (1976). This study investigated the changes in the husband-wife relationship, Lamaze training, and age of the infant in relation to adjustment difficulty in the transition to fatherhood. Specifically, the purposes of the research were: (1) to further explain the nature of a father's transition to parenthood, particularly in respect to the husband-wife relationship; (2) to determine whether reported adjustment difficulty, related to parenthood, was affected by the age of the baby; and (3) to determine the effect of Lamaze preparation of the father's transition to parenthood. The researchers found that Lamaze prepared fathers did not report easier adjustments than non-Lamaze prepared fathers in any of the areas investigated.

Although the four studies on Lamaze prepared fathers provided pertinent and valuable information, none of the projects explored the effect of Lamaze preparation on the father's view of the actual childbirth experience. The present investigation was designed to determine if there was a difference between the Lamaze prepared and the non-formally prepared fathers' expectations prior to the labor and delivery experience and in their retrospections of the actual experience of labor and delivery.

CHAPTER III

METHODOLOGY

Setting

This study was conducted in a southeastern United States industrial urban community with a population of 170,000. Data were collected in a 427-bed non-profit acute care hospital which was affiliated with a medical center. This agency averaged 200 births a month and permitted both prepared and non-formally prepared fathers to attend their wives during labor and delivery.

Selection and Description of Sample

Size of sample. Responses were obtained from two groups of fathers: a group of Lamaze prepared fathers and a group of fathers who had no formal preparation for the childbirth experience. In the total population of 20 fathers, six fathers had no formal preparation, and 14 had been prepared by the Lamaze classes.

Consent of participants. A letter which explained the study and asked the expectant father to participate was given to each potential member of the sample group (see Appendix B). The father's willingness to participate was indicated by his completion of the data collection instruments. Expectant fathers were asked to identify themselves by signature to facilitate the completion of the study (see Appendix B), but the fathers were assured to anonymity in the report of findings.

Description of sample groups. Information concerning age, occupation, education, race, personal income, and years of marriage

were obtained from each participant (see Appendix B). A detailed description of population variables is given in Appendix D.

The two groups of fathers did not differ markedly with respect to variables of age, education, or income. More disparity was evident in the distribution of occupation, race, source of medical care, and years of marriage. A greater percentage of the non-formally prepared fathers held technical employment, while more of the Lamaze prepared group held professional occupations. Some of the non-formally prepared fathers were black, while all of the Lamaze prepared fathers were white. Half of the wives of non-formally prepared fathers received antepartal care through public sources, but most of the wives of Lamaze prepared fathers received care through a private physician. Finally, the non-formally prepared fathers had as a group been married for a shorter length of time than had the Lamaze prepared group.

Selection of participants. The investigator established criteria to control variables which could have significantly altered the fathers' views of the labor and delivery experiences. The criteria are discussed below.

1. This was the mother's first pregnancy that had extended past 20 week's gestation. Fathers who had previously experienced the birth of a stillborn infant were not included in this study. It was believed that an emotionally traumatic experience such as stillbirth could markedly alter the father's expectations of the present event.

2. This was the father's first labor and delivery experience. A first-time father would be likely to view the labor and delivery experience differently from one who had already had such an experience.

3. The expectant couple was married. In this study the family was viewed as composed of the husband, the wife, and the newborn; therefore, only married fathers could logically be included in this study. This criterion also controlled the social or cultural variables which may have otherwise influenced the outcome of this study.

4. The infant was considered to be at full term. A full-term infant was defined as one who was between 38 and 42 weeks gestational age (Battaglia and Lubchenco, 1967). At this age the newborn was likely to be normal in size and maturity.

5. The mother received no intrathecal or general anesthetic during labor and delivery. A local infiltration, pudendal block, and paracervical block were considered minimum anesthetic intervention. It was believed that more extensive use of anesthesia could significantly alter the course of labor and the couple's ability to cope with the birth experience.

6. No operative procedures other than low forceps and/or an episiotomy were performed during labor and delivery. The use of low forceps and an episiotomy were considered usual procedures of the delivery experience. Other operative intervention such as mid-or high forceps, version, or Cesarean section, could have distorted the father's view of the events.

7. The newborn received an Apgar score of 7 or above one minute after birth. This criterion was intended to eliminate from the study those fathers whose infants had unusual difficulty at birth. The Apgar score is a clinical evaluation of the newborn which is used to assess the infant's overall condition. The rating consists of five

criteria, with an optimum score of 10 points. A majority of normal newborn babies receive a score totaling 7 to 10 when tested one minute after birth (Apgar and Beck, 1972).

8. The newborn infant was alive and well when the new father participated in the study. This criterion eliminated fathers who were likely distressed over their newborn infant's condition. It was assumed that if the infant were alive and well, the father would be amenable to completing the study.

Data Collection

Instruments. Questionnaires, which were identical except for verb tense, were developed by the investigator. The pretest, which referred to the experiences of labor and delivery in the future, was designed to elicit the fathers' expectations (see Appendix B). The posttest referred to the events of labor and delivery as having already occurred and was utilized to elicit the fathers' retrospections of the labor and delivery (see Appendix B).

The questionnaires contained 25 items which reflected the investigator's reading, experience, and conversations with both childbirth educators and fathers who had already participated in a childbirth. The items focused on the father's provision of emotional and physical support for his wife, his personal feelings, and other related topics. The first 24 items were placed on a Likert-type scale, and the 25th item provided the father an opportunity to describe his feelings in writing.

Time limitations did not permit a pilot study, but the questionnaire was submitted to several professional nurses and non-nurse professionals for evaluation. The evaluators made several suggestions for improvement which were incorporated into the final questionnaire forms. The evaluators and investigator believed that the questionnaires would elicit information needed to test the hypotheses of this study.

Provision for the participants' convenience and anonymity were primary considerations in preparing the two data collection packets. An explanatory letter which requested participation and gave specific instructions, an information sheet, the pretest, and a signature sheet were included in the packet given to expectant fathers. For completion of the study, a letter of appreciation and instruction was provided with the posttest in another packet. The materials in the data collection packets are included in Appendix B. For both the pretest and the posttest, all printed matter was enclosed with a pencil in a set of two envelopes. This design permitted the father to seal his responses in an envelope before returning it, a procedure which assured that only the investigator would know the identity of the respondent.

Assisting data collectors. Since the investigator was unable to be present during all hours when patients were admitted to the hospital for childbirth, nurses who were employed by the agency to care for patients during childbirth were requested to assist the investigator. Two registered nurses on each of the three shifts agreed to assist. One or both of these nurses were on duty during each day of the data collection period.

The investigator met individually with each assisting nurse the week prior to the data collection period. The study was described to the nurses as a comparison of fathers who had attended classes in preparation for childbirth and those who had not been formally prepared. Contents of the data collection packet were described as an explanatory letter and a questionnaire. To prevent possibly influencing the nursing care given to participant fathers, the questionnaire was not shown to the assisting data collectors. Written guidelines were provided for each nurse (see Appendix C), and the nurses were reminded that the fathers' participation was voluntary. Should any expectant fathers have declined to participate in the study, the nurses were instructed to thank the father, record his name and date of refusal on the packet, and place the packet in the designated collection receptacle.

During the data collection period the investigator met with each of the nurses at least weekly to keep them informed of the number of participants obtained and to discuss problems which may have arisen in the data collection procedure. The assisting nurses were encouraged to contact the investigator as necessary.

Procedure. When the expectant mother arrived in the labor area, the nurse ascertained her parity and expected date of delivery. If the present pregnancy was the first to extend beyond 20 weeks, and if this pregnancy was between 38 and 42 weeks, the assistant handed the expectant father the prepared packet containing the pretest and said, "I have been asked to give this to you to read while you wait." The respondent completed the forms while waiting for the mother to be admitted to the labor room, and he then returned the forms in the sealed envelope to the nurse.

The investigator visited the labor and delivery suite daily to retrieve the questionnaires. Referral to the father's information sheet, the delivery record, and other charted information enabled the investigator to insure that the stated criteria for including the respondent in the study had been met. No expectant fathers who received the data collection packet refused to participate in the study. Of the 29 expectant fathers who completed the pretest, however, nine could not be included in the study: one father had previously participated in a childbirth, two mothers received a general anesthetic during delivery, two mothers were delivered by Cesarean section, one newborn received an Apgar score of 6, and three couples had chosen to prepare for childbirth by attending classes which did not utilize the Lamaze method.

All new fathers who fulfilled the established criteria were given the posttest by the investigator. Because the investigator did not wish to inadvertantly influence the participant's responses, the only conversation at this contact was to thank him for his assistance and to ask him to complete the second questionnaire. The father was instructed to return the sealed envelope to a designated collection point before the mother was discharged from the hospital. All questionnaires were returned prior to the mothers' third postpartum day.

Method of Analysis

The demographic data were summarized for each group of participants. Appendix D provides a detailed description of the population

variables. Correlation of demographic data with responses to the questions was beyond the scope and intent of this investigation.

Participants' responses to the first 24 questionnaire items were scored by assigning a numerical value to each of the 4 response choices on the Likert-type scale. A response of "strongly agree" was assigned the value 1; "agree," 2; "disagree," 3; and "strongly disagree," 4. Since questionnaire item 11 was negatively stated, the numerical values for the four response choices of that item were reversed.

Responses to questionnaire items were evaluated by obtaining a mean score for each sample group on a total of the 24 items on the questionnaires. To broaden the understanding of the scores obtained, the questionnaire items were grouped into 4 categories: emotional support, physical support, personal feelings, and other items. Mean scores for both sample groups were obtained in each of the 4 categories. Data obtained from the two groups of respondents were further analyzed by computing the changes in mean scores from the pretest to the posttest for both groups, first as a total and then for each of the established categories of items. A t test was performed on all scores, and a significance level of .05 was used for all tests.

Responses to the 25th item of the questionnaires were not statistically analyzed, nor was any attempt made to categorize the replies. General characteristics of the responses of the two sample groups were noted, and themes were summarized. Broad differences between expectations and retrospections were identified for each group of respondents.

CHAPTER IV

ANALYSIS OF DATA

Because the questionnaires utilized in this study provided both quantitative and qualitative data, the findings are presented in two sections. The first section is a discussion of the quantitative data, which occurs in the following sequence: (1) the responses of Lamaze prepared fathers to the pretest and the posttest, (2) the responses of non-formally prepared fathers to the pretest and the posttest, (3) a comparison of the responses of the two sample groups to the pretest, and (4) a comparison of the responses of the two sample groups to the posttest. The second section is a discussion of the qualitative data.

Quantitative Data

Responses of Lamaze prepared fathers to pretest and posttest. Mean scores for the total group of items, as well as for the four established categories of items, indicated strong agreement with the questionnaire statements. As a whole, there was no significant change in the mean scores from the pretest to the posttest for the Lamaze prepared fathers (see Table 1). Except for the category of items which indicated personal feelings, there was less than one unit difference between responses to the two questionnaires. For the categories on emotional support, physical support, and other items, the Lamaze fathers indicated slightly less agreement with the statements on the posttest.

Lamaze fathers evidenced slightly more agreement, however, with the items on the posttest that pertained to his personal feelings about the labor and delivery experience.

Table 1

Mean Scores and t test for Changes in

Lamaze Fathers' Responses to Questionnaires

FATHERS' RESPONSES TO QUESTIONNAIRE ITEMS 1-24	Potential range of scores	MEAN SCORES		Change	t-value for change within group
		Pretest	Posttest		
All items	24-96	37.79	38.43	-.64	-.24
Emotional support items[a]	5-20	6.57	9.29	-.72	-1.10
Physical support items[b]	6-24	9.79	10.36	-.57	-.59
Personal feelings items[c]	7-28	10.36	9.29	1.07	1.81
Other items[d]	6-24	11.07	11.50	-.43	-.52

[a]Questionnaire items 3, 4, 5, 14, 19
[b]Questionnaire items 6, 7, 8, 9, 10, 15
[c]Questionnaire items 13, 17, 20, 21, 22,23, 24
[d]Questionnaire items 1, 2, 11, 12, 16, 18

Responses of non-formally prepared fathers to pretest and posttest. There was no significant difference between the mean scores for non-formally prepared fathers on the pretest and posttest (see Table 2). Scores for the total group of items, as well as for the four established categories, indicated some agreement with the questionnaire statements. Less than one unit difference was evident when the mean scores of the two questionnaires were compared for all categories of

items. Except for the category of items which referred to emotional support, fathers indicated slightly more agreement with the statements of the posttest than with the pretest.

Table 2

Mean Scores and *t* test for Changes in

Non-formally Prepared Fathers' Responses to Questionnaires

FATHERS' RESPONSES TO QUESTIONNAIRE ITEMS 1-24	Potential range of scores	MEAN SCORES		Change	t-value for change within group
		Pretest	Posttest		
All items	24-96	54.67	54.00	.67	.16
Emotional support items[a]	5-20	9.50	10.00	-.50	-.62
Physical support items[b]	6-24	13.17	13.00	.17	.18
Personal feelings items[c]	7-28	17.00	16.33	.67	.42
Other items[d]	6-24	15.00	14.67	.33	.20

[a]Questionnaire items 3, 4, 5, 14, 19
[b]Questionnaire items 6, 7, 8, 9, 10, 15
[c]Questionnaire items 13, 17, 20, 21, 22, 23, 24
[d]Questionnaire items 1, 2, 11, 12, 16, 18

Comparison of responses of the two sample groups to pretest.

Mean scores of the two sample groups indicated a significant difference between responses to the pretest for all categories of items (see Table 3). Non-formally prepared fathers indicated much less agreement with the questionnaire statements than did the Lamaze prepared fathers.

Table 3

Mean Scores and t test Comparisons of Lamaze and Non-formally Prepared Fathers' Responses to Pretest

FATHERS' RESPONSES TO QUESTIONNAIRE ITEMS 1-24 (PRETEST)	Potential range of scores	MEAN SCORES		t-value for difference in groups
		Lamaze Prepared	Non-Formally Prepared	
All items	24-96	37.79	54.67	-3.84*
Emotional support items[a]	5-20	6.57	9.50	-3.32*
Physical support items[b]	6-24	9.79	13.17	-2.87*
Personal feelings items[c]	7-28	10.36	17.00	-4.49*
Other items[d]	6-24	11.07	15.00	-2.60*

[a]Questionnaire items 3, 4, 5, 14, 19
[b]Questionnaire items 6, 7, 8, 9, 10, 15
[c]Questionnaire items 13, 17, 20, 21, 22, 23, 24
[d]Questionnaire items 1, 2, 11, 12, 16, 18
*Significant at the .05 level

Comparison of responses of the two sample groups to posttest. For the questionnaire items as a total, there was a significant difference between the mean scores of the two sample groups on the posttest (see Table 4). Within the four categories of items, however, some variation was noted in the scores. Items on the questionnaire which reflected the fathers' response to provision of physical support and on "other items" yielded scores which were similar for both sample groups; no significant difference was found between mean scores on those two categories of items.

Table 4

Mean Scores and t test Comparisons of Lamaze and Non-formally Prepared Fathers' Responses to Posttest

FATHERS' RESPONSES TO QUESTIONNAIRE ITEMS 1-24 (PRETEST)	Potential range of scores	MEAN SCORES		t-value for difference in groups
		Lamaze Prepared	Non-Formally Prepared	
All items	24-96	38.43	54.00	-3.30*
Emotional support items[a]	5-20	7.29	10.00	-2.22*
Physical support items[b]	6-24	10.36	13.00	-1.76
Personal feelings items[c]	7-28	9.29	16.33	-5.64*
Other items[d]	6-24	11.50	14.67	-2.05

[a]Questionnaire items 3, 4, 5, 14, 19
[b]Questionnaire items 6, 7, 8, 9, 10, 15
[c]Questionnaire items 13, 17, 20, 21, 22, 23, 24
[d]Questionnaire items 1, 2, 11, 12, 16, 18
*Significant at the .05 level

Qualitative Data

All responses to questionnaire item 25 are quoted in Appendix E. Twelve Lamaze prepared fathers expressed their feelings; two declined the opportunity. Four non-formally prepared fathers responded to the item, but two did not reply. The pretest elicited the fathers' expectations, while the posttest elicited retrospections.

Responses provided by Lamaze prepared fathers on the pretest reflect feelings of excitement, anticipation, and apprehension. Two fathers expressed their feelings of preparedness and confidence, while others mentioned the importance of this experience in their lives. In general

Lamaze prepared fathers expected to have positive, happy experiences during labor and delivery.

The twelve Lamaze prepared fathers were even more expressive in their responses to the posttest than to the first questionnaire. Responses in general reflected feelings of pleasure, relief, and satisfaction with the childbirth experiences. Three fathers referred specifically to the benefits of Lamaze preparation. Two fathers mentioned negative feelings: one referred to the birth experience as "very painful" for his wife, and another expressed disappointment in the nursing support given during labor.

Non-formally prepared fathers were less expressive of their feelings on the pretest than were many of the Lamaze prepared respondents. Three of the four fathers who responded expressed excitement, pleasure, or anticipation. One father implied some degree of annoyance at his temporary separation from his wife.

In response to the posttest, the four non-formally prepared fathers provided very brief remarks. Three viewed the birth experience in positive terms, while the fourth expressed relief that the birth was over.

CHAPTER V

SUMMARY, CONCLUSIONS, AND DISCUSSION

Summary

This study explored the effect of Lamaze preparation on fathers' views of the childbirth experience. The purpose of the study was to determine whether there was a difference between the Lamaze prepared and the non-formally prepared fathers' expectations prior to the labor and delivery experience, and in their retrospections of the actual experience of labor and delivery. Four null hypotheses were tested: (1) There is no difference between the expectations and the retrospections of the labor and delivery experience for the Lamaze prepared father. (2) There is no difference between the expectations and the retrospections of the labor and delivery experience for the non-formally prepared father. (3) The Lamaze prepared father will have expectations of the labor and delivery experience no different from the non-formally prepared father. (4) The Lamaze prepared father will have retrospections of the actual labor and delivery experience no different from the non-formally prepared father.

Twenty expectant fathers participated in the investigation. Fourteen fathers had attended Lamaze classes with their wives in preparation for childbirth, and six fathers had no formal preparation. All fathers accompanied their wives throughout labor and birth, and all met established criteria for inclusion in this study.

Data were collected, using pretest and posttest questionnaires which were designed by the investigator. Each questionnaire contained 25 items. The first 24 items were placed on a Likert-type scale, and the 25th item provided the expectant father an opportunity to furnish a written expression of his feelings. Mean scores were obtained for both sample groups on the responses to the quantitative data on both the pretest and posttest. A *t* test was performed on all scores, and a significance level of .05 was used. Written data supplied by the fathers were summarized, and broad differences between expectations and retrospections were identified for each group.

Conclusions

The analysis of data revealed that of the four null hypotheses, two were accepted and two rejected. The first null hypothesis, there is no difference between the expectations and the retrospections of the labor and delivery experience for the Lamaze prepared father, was accepted. The second null hypothesis, there is no difference between the expectations and the retrospections of the labor and delivery experience for the non-formally prepared father, was also accepted. The third null hypothesis, the Lamaze prepared father will have expectations of the labor and delivery experience no different from the non-formally prepared father, was rejected. The fourth null hypothesis, the Lamaze prepared father will have retrospections of the actual labor and delivery experience no different from the non-formally prepared father, was also rejected.

Discussion

Implications of Findings. Lamaze preparation of fathers does make a difference in the way they view the childbirth experience; they have more positive feelings about the experiences of labor and delivery than those fathers who have had no formal preparation for childbirth. Both the Lamaze prepared and the non-formally prepared fathers, however, seem to be realistic in tneir expectations of labor and delivery. Tne events of birth do not significantly change fathers' views of the experience when tney accompany their wives during labor and delivery.

Although Lamaze preparation for childbirtn does have significant benefit for tne expectant father, one finding merits special consideration. Lamaze prepared fathers indicated tnat they had not been able to provide tne physical support they had anticipated giving their wives during labor and delivery. Retrospections of Lamaze prepared fathers in relation to physical support had no statistical difference when compared to the retrospections of non-formally prepared fathers. The investigator believes this finding may be indicative of overemphasis during Lamaze preparation on the father's eventual use of physical support measures. Therefore, Lamaze course content concerning the father's expected role in provision of physical support should be carefully evaluated.

Because the non-formally prepared fathers did view the childbirth experience with some degree of positiveness, their presence and assistance during labor and childbirth may be considered beneficial. Hospitals which require formal preparation before allowing attendance should

re-examine their reasons for this policy. The findings of this study lend support to the recently held belief that fathers should be allowed to attend their wives during labor and delivery whether or not they have had formal preparation.

Recommendations for further study. It must be noted that the demographic information supplied by the two sample groups of fathers revealed enough disparity that the findings of this investigation should be viewed with caution. Additional study should be initiated (1) to insure a wider representative sampling, and (2) to discover what factors influence fathers to seek formal preparation for childbirth.

Further study should also be focused on the benfits of Lamaze preparation as compared with other methods of preparation for childbirth. With the increased interest in childbirth education, those involved in assisting couples through pregnancy and birth have developed varying opinions about the values of the different types of formal preparation. Systematic investigation of the question could provide factual clarification of the issue.

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APPENDICES

APPENDIX A

Description of Lamaze Classes

DESCRIPTION OF LAMAZE CLASSES

Through the certification of teachers and material disseminated by the American Society for Psychoprophylaxis in Obstetrics (ASPO), the content of Lamaze classes is standardized. The course, taught to expectant couples during the final trimester of pregnancy, is usually offered in six, two-hour weekly sessions. The following description of the course content is adapted from the Candidate Training Workbook, a manual compiled by ASPO for the use of prospective Lamaze class instructors.

First Class

Introduction of the instructor and class members is followed by presentation of the goals and objectives of the class. The theory of psychoprophylaxsis (the Lamaze method) is explained, with comparisons made to other methods of preparation for childbirth. A reading list is presented, and often a library of books and materials is made available. Final introductory material concerns the Lamaze team, which includes the wife, husband/coach, teacher, hospital staff, and physician. The roles of each member of the Lamaze team are described.

The remainder of this first class is utilized to begin a review of the anatomy and physiology concerned with pregnancy, labor, and delivery, and to demonstrate and practice physical fitness exercises. Relaxation, a major principle of the Lamaze method, is discussed and demonstrated. Students are encouraged to bring pillows to class so that they may receive individual guidance in relaxation techniques.

Second Class

A more thorough presentation of the physiology of labor is given with pertinent information such as distinguishing between true and false labor, timing contractions, signs and symptoms of labor, and common terminology. General relaxation exercises are demonstrated and practiced again, with much emphasis given to the necessity of concentration. Breathing techniques that are to be used in early labor are discussed and practiced, and the students are urged to practice the relaxation and breathing exercises daily.

Third Class

Active labor is the major topic at this session, and much detailed information is given concerning the first stage of labor. Preparation for admission to the hospital is included, in addition to specific instruction on techniques to be used by the couple. Relaxation and breathing exercises are again reviewed and practiced.

Fourth Class

The second and third stages of labor are discussed in depth. Information is given concerning medication, anesthesia, selected problems and situations, and various hospital policies. Techniques for coping with the symptoms of labor are further discussed in detail, and the coach role of the husband is emphasized. All relaxation and breathing techniques are reviewed and practiced.

Fifth Class

A review of labor and new information concerning the postpartum period is presented. The breathing techniques to be used during active

labor and delivery are again described. Finally, a review of all relaxation and breathing exercises learned to date is followed by a practice session.

Sixth Class

A rehearsal for labor is conducted, with another complete review of the techniques to be utilized during each stage. Open discussion allows for questions to be answered. A recording of a Lamaze prepared couple in labor, a film of a Lamaze delivery, or a returning guest couple are frequently utilized as a final feature of the course.

APPENDIX B

Data Collection Instruments

Letter to expectant father
Information sheet
Pretest (Part I)
Signature sheet
Letter to new father
Posttest (Part II)

Dear Expectant Father:

As part of my work in the graduate nursing program at the University of North Carolina at Greensboro, I am conducting a study of first-time fathers and how they feel about their childbirth experiences. Participation in the study will require only a few minutes of your time. The enclosed questionnaire will need to be completed now as you wait for your wife to be admitted, and another questionnaire will be given to you to complete after childbirth, before your wife is discharged from the hospital. All information you share will be confidential. Responses will be identified only by number in the study; your name will not be used in any way.

I would appreciate your willingness to participate in this study. Please complete the enclosed questionnaire now and then return it to the labor room nurse. Please accept my thanks for your assistance and cooperation. I hope that the information collected will help nurses to continue to improve the care of families.

Sincerely,

(Mrs.) Rebecca B. Saunders, R. N.
Graduate Student
School of Nursing, UNC-Greensboro

INFORMATION SHEET

General information about you is needed to help in the completion of my study. Please answer the following questions by checking the correct answer or filling in the blanks as appropriate.

1. Today's date: _____

2. Your birth date: _____/_____/_____
   month day year

3. Your occupation: _____

4. Your race: _____Black
   _____White
   _____Other

5. At what point did you complete your education? _____Grammar school
   _____High school
   _____College
   _____Postgraduate

6. Your annual personal income: _____Less than $5,000
   _____$5,000 to $10,000
   _____$10,000 to $20,000
   _____$20,000 to $30,000
   _____Over $30,000

7. Who is providing your wife's medical care?
   _____Moses Cone Clinic physicians
   _____Smith Homes physicians and nurses
   _____Private physician or group
   _____Other

8. Years of marriage to your present wife: _____Less than 1 year
   _____1 to 3 years
   _____3 to 6 years
   _____Over 6 years

9. Is this your first labor and delivery experience? _____Yes _____No

10. Did you attend classes on childbirth while your wife was pregnant?
    _____Yes _____No

    If your answer is "yes," please indicate which type of class:
    _____Lamaze Method
    _____Bradley Method
    _____Other: (please specify) _____

    How many classes did you attend? _____

QUESTIONNAIRE ON CHILDBRITH EXPERIENCES

Part I

Directions: Please place an "x" in the blank which best represents your feelings about each of the following statements at the present time. Please remember that hospital policy allows you to participate in the following situations.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I will abe able to do much to help my wife during labor and delivery.	____	____	____	____
2. I see myself as a valuable member of a team, with the doctor and nurses, who will support my wife in labor and delivery.	____	____	____	____
3. Giving my wife praise and encouragement during labor and delivery is important.	____	____	____	____
4. My wife will have an easier time in labor and delivery if I am there to guide and support her.	____	____	____	____
5. It is important for me to express my affection for my wife during labor and delivery.	____	____	____	____
6. I will be able to time my wife's labor contractions (pains).	____	____	____	____
7. I will be able to help my wife get in comfortable positions during labor.	____	____	____	____
8. I will be able to help my wife relax during labor.	____	____	____	____
9. I am comfortable in giving my wife instructions on how she should breathe to better cope with labor.	____	____	____	____
10. If my wife should breathe too hard and fast during labor, I will be able to help her cope with the way she feels.	____	____	____	____

	Strongly Agree	Agree	Disagree	Strongly Disagree
11. I feel that my wife will not need pain medication during labor.	____	____	____	____
12. I will be able to evaluate my wife's need for pain medication.	____	____	____	____
13. I will be able to cope with my own feelings about any pain my wife may have during labor.	____	____	____	____
14. I am expecting my wife's moods to change as she goes through labor.	____	____	____	____
15. I will be able to give my wife back rubs and/or pressure if she needs it during labor.	____	____	____	____
16. I will be able to help my wife recognize the stages of labor through which she is passing.	____	____	____	____
17. I am prepared to accompany my wife to the delivery room.	____	____	____	____
18. I will be able to report information about my wife's labor to the nurses and doctor.	____	____	____	____
19. Firm, confident commands from me will help my wife through labor.	____	____	____	____
20. I know what to expect in the labor room.	____	____	____	____
21. I know what to expect in the delivery room.	____	____	____	____
22. Participating in childbirth with my wife will be one of the most important experiences in my life.	____	____	____	____
23. Participating in the childbirth experience will affect my role as a husband in the future.	____	____	____	____

	Strongly Agree	Agree	Disagree	Strongly Disagree
24. Participating in the childbirth experience will affect my role as a father.	____	____	____	____

25. In the space below, please briefly describe your present feelings about this childbirth experience. Thank you.

Name: _____

(Your name is needed so that I may contact you for the second part of the study, after your baby is born. This page will be discarded once the second questionnaire has been given to you.)

Thank you once more for your valuable help. Please place the questionnaire in the enclosed envelope, seal it, and return it to the labor room nurse before you join your wife in the labor room.

Dear New Father:

Congratulations on the birth of your child!

Enclosed you will find a second questionnaire, which will complete your participation in my study. Please give your thoughtful consideration to each question and then return the form to the nurses at the desk before your wife is discharged. It is very important that YOU answer each question and that you do not discuss the questionnaire with your wife or others until after you have completed it.

I again offer my thanks for your assistance and cooperation.

Sincerely,

(Mrs.) Rebecca B. Saunders, R. N.
Graduate Student
School of Nursing, UNC-Greensboro

QUESTIONNAIRE ON CHILDBIRTH EXPERIENCES

Part II

Directions: Please place an "x" in the blank which best represents your feelings about each of the following statements at the present time.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I was able to do much to help my wife during labor and delivery.	___	___	___	___
2. I saw myself as a valuable member of a team, with the doctor and nurses, who supported my wife in labor and delivery.	___	___	___	___
3. Giving my wife praise and encouragement during labor and delivery was important.	___	___	___	___
4. My wife had an easier time in labor and delivery because I was there to guide and support her.	___	___	___	___
5. It was important for me to express my affection for my wife during labor and delivery.	___	___	___	___
6. I was able to time my wife's labor contractions (pains).	___	___	___	___
7. I was able to help my wife get in comfortable positions during labor.	___	___	___	___
8. I was able to help my wife relax during labor.	___	___	___	___
9. I was comfortable in giving my wife instructions on how she should breathe to better cope with labor.	___	___	___	___
10. If my wife should have breathed too hard and fast during labor, I would have been able to help her cope with the way she felt.	___	___	___	___

	Strongly Agree	Agree	Disagree	Strongly Disagree
11. I felt that my wife did not need pain medication during labor.	___	___	___	___
12. I was able to evaluate my wife's need for pain medication.	___	___	___	___
13. I was able to cope with my own feeling about any pain my wife may have had during labor.	___	___	___	___
14. I was expecting my wife's moods to change as she went through labor.	___	___	___	___
15. I was able to give my wife back rubs and/or pressure when she needed it during labor.	___	___	___	___
16. I was able to help my wife recognize the stages of labor through which she was passing.	___	___	___	___
17. I was prepared to accompany my wife to the delivery room.	___	___	___	___
18. I was able to report information about my wife's labor to the nurses and doctor.	___	___	___	___
19. Firm, confident commands from me helped my wife through labor.	___	___	___	___
20. I knew what to expect in the labor room.	___	___	___	___
21. I knew what to expect in the delivery room.	___	___	___	___
22. Participating in childbirth with my wife was one of the most important experiences in my life.	___	___	___	___
23. Participating in the childbirth experience will affect my role as a husband in the future.	___	___	___	___

	Strongly Agree	Agree	Disagree	Strongly Disagree
24. Participating in the childbirth experience will affect my role as a father.	___	___	___	___

25. In the space below, please briefly describe your present feelings about this childbirth experience. Thank you.

APPENDIX C

Guidelines for Labor Room Nurses

GUIDELINES FOR LABOR ROOM NURSES

for

Study of Fathers' Childbirth Experiences

1. Before giving the father a questionnaire, please check the chart for the following:

   a. This is the mother's first pregnancy that has extended past 20 week's gestation.

   b. This pregnancy is at or beyond 38 week's gestation.

2. Hand the father the prepared packet of literature and say, "I have been asked to give this to you to read while you wait."

3. Receive the completed questionnaire in its sealed envelope from the father before he joins his wife.

4. Deposit the sealed envelope in manilla folder provided at the labor room desk.

Thank you very much for your help in my study.

(Mrs.) Rebecca B. Saunders, R.N.
Graduate Student
School of Nursing, UNC-Greensboro

APPENDIX D

Demographic Information

DEMOGRAPHIC INFORMATION

Number and Percent of Father Groups

by Sample Population Variables

VARIABLES	FATHER GROUP			
	Non-formally Prepared (Total N=6)		Lamaze Prepared (Total N=14)	
	N	Percentage	N	Percentage
Age				
20-25	3	50%	5	36%
26-30	3	50%	9	64%
Occupation				
Technical	5	83%	8	57%
Professional	1	17%	6	43%
Race				
Black	2	33%	0	0
White	4	67%	14	100%
Education				
High school	3	50%	6	43%
College	3	50%	6	43%
Postgraduate	0	0	2	14%
Annual income				
$5,000 to $10,000	3	50%	8	57%
$10,000 to $20,000	3	50%	6	43%
Sources of medical care				
Clinic	3	50%	2	14%
Private	3	50%	12	86%
Years of Marriage				
Less than 1 year	3	50%	3	21%
1 to 3 years	2	33%	5	36%
3 to 6 years	0	0	4	29%
Over 6 years	1	17%	2	14%

APPENDIX E

Responses of Fathers to Questionnaire Item 25

Lamaze prepared fathers' responses to pretest
Lamaze prepared fathers' responses to posttest
Non-formally prepared fathers' response to pretest
Non-formally prepared fathers' response to posttest

LAMAZE PREPARED FATHERS' RESPONSES TO PRETEST

"I'm looking forward to the child and the experience."

"It is a much awaited moment that has finally materialized."

"Going through childbirth classes has made me more aware and knowledgeable about the total childbirth process. I feel confident that both my wife and I will get a lot more from this experience due to knowledge we have obtained from studying the childbirth process."

"Excited and apprehensive."

"I'm scared out of my mind, but I'm not half as scared as my wife, so we will be in there together."

"I am really looking forward to this experience, due to the Lamaze class and Mrs. ____'s instruction. I feel all expecting fathers and mothers should take part. It really helps to prepare yourself and your wife as well as looking for signs, pains, etc., that will be taking place, because it's not as easy as some people try to tell you or as <u>hard</u>. All pregnancies are different"

"I am looking very much to this wonderful and very important experience."

"I am looking forward to it as a sharing experience. I feel it will strengthen our relationship."

"Just great! I am a little scared but happy with this experience. I would go through it again. I think everyone should go with their wife and see their baby."

"I feel nervous but not to the extent of losing control of thought. I'm excited about participating with my wife and just hope the baby is healthy."

"Very nervous, and excited."

"Very excited."

LAMAZE PREPARED FATHERS' RESPONSES TO POSTTEST

"The most wonderful experience of my life."

"If it hadn't been for the Lamaze classes I don't know how I or my wife could have made it through 20 hours of labor."

"I feel this was one of the most rewarding experiences of my life. I feel this experience has strengthened my relationship with my wife and made me feel more naturally comfortable with my child."

"I feel that I provided my wife with a great amount of assistance during the labor. The actual physical assistance was probably of no more importance than just my presence. I think it meant quite a bit to her to have me there and know I wanted to go through the experience."

"Far out!!"

"I feel that every father-to-be ought to take the Lamaze courses, and be with their wives during delivery. If they feel they can't take the delivery room, it will help them, in what is happening in the labor room and delivery, meaning of words, phrases, etc. that the doctor and nurses use to explain what is happening. I feel like I have been more a part of the childbirth than just the conceiving of the child."

"This experience was the most important and fulfilling thing I have been through. I would not trade this experience for anything in the world."

"It was great. I wouldn't have missed the experience for anything. I was able to cope with my feelings and I feel that I understand much more how my wife felt during labor."

"It was great. I want to be there for the next baby."

"I think the experiences with my wife in the labor and delivery room was very good for me and my wife because I knew how much she went through to have me a good looking boy that I love very much and if anyone asks me about going into delivery I will tell them it is the only way to go because I feel like it made me love both of them a great deal and I will do it with the next one. P.S. The only way to go!"

"Things went so fast in the labor room it was very hard for me to realize what stage my wife was in. I didn't know if I was doing the right breathing pattern nor if I was helping at all. I feel a lot more encouragement from the nurse would have helped me. The doctor seemed quite sympathetic in my case and was very encouraging and free with praise."

"It was very exciting, but it was very painful for my wife."

"Very glad it is over. I am very happy that things went as well as they did. The Lamaze classes really helped because we had a pretty good idea of what to expect."

NON-FORMALLY PREPARED FATHERS' RESPONSES TO PRETEST

"Wonderful."

"Looking forward to this most important event in our marriage."

"I am in the waiting room now and have not been allowed in the labor room, and presently wish I could see my wife."

"I am very excited! Happy. I just feel good."

NON-FORMALLY PREPARED FATHERS' RESPONSES TO POSTTEST

"Wonderful."

"GREAT!"

"Wonderful - looking forward to seeing my son grow."

"I'm glad its over!!!"