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Exploring First-Time Fathers' Feelings and Experiences during Labor -Delivery of their Partner/Wife

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Abstract

Introduction: Considerable studies have been undertaken to assess and evaluate fathers' feelings and experiences during labor and delivery of their partner/wife, however, investigation describing first-time fathers who are known to be especially vulnerable during labor and delivery remains under explored.

Aim: This study aimed to assess and determine the feelings and experiences of first-time fathers during labor and delivery of their partner/wife.

Methodology: A descriptive design was utilized in this investigation and data were collected over a period of three months from July to September 2012. A total of fifty one (51) convenient samples of first-time fathers whose wife/partner had given birth in one government hospital in Samar, Philippines were asked to participate in the investigation. The Kuopio Instrumentation for Fathers (KIF) was the main tool used to explore the feelings and experiences of the expectant fathers relative to the labor and delivery of their partner/wife.

Results: Findings indicated that majority of the respondents felt "happy" (88.24%, n=45) and "proud" (68.63%, n=35), and at the same time "anxious" (80.39%, n=41) during the labor and delivery of their partner/wife. Majority also reported "they felt love" and were "grateful" to their partner/wife, however, 78.43% (n=40) were "worried" and "felt guilty about their partner/wife being in so much pain. Vast majority of the respondents felt "happy", "proud", and "felt moved by the birth of their baby". As to feelings about the staff and environment, 62.75% (n=32) were grateful with the staff, 47.06% (n=24) stated that the staff were friendly, and 74.51% (n=38) noted that the staff were very professional. Results also indicated that attendance of husbands during delivery is not practiced. Furthermore, no correlations were found between respondents' profiles and their feelings during the delivery of their partner/wife.

Conclusion: Findings revealed that presence of first-fathers during the labor and delivery of their partner/wife evoked positive and negative feelings towards themselves, towards their baby, towards their wife, and towards the staff.

Keywords: First-Time fathers, labor and delivery, Kuopio Instrument for Fathers (KIF)

Introduction

Childbirth has been described as one of the most important life experiences that a woman and her partner will encounter. When woman gives birth to a child it can be one of the most joyous and exciting moments in her life, yet it can be also difficult and stressful (Lundgren, 2004, Sapountzi-Krepia et al 2010, Tsetsila et al). Fathers too, go through an experience during pregnancy and birth. First-time father dads in particular must come to term with a transition in family roles and responsibility, and deal with their own feelings and fear, excitement and anxiety.

The transition to fatherhood is one of the most significant and challenging experiences a man will ever face. LeMaster (1957) postulated that the transition to parenthood is a difficult one that causes severe stress. Expectant fathers who are having their first child may feel alienated, as they do not know what to expect and what role it is they can play. Research into early experience fatherhood is minimal in comparison to early motherhood experience. The father's experience is frequently identified as of lesser importance than the mother's and minimal emphasis has been placed on the nurturing role of fathers (Halle et al, 2008).

conducted suggest that Previous studies experiences during labor and delivery evoked generally positive feelings, as well as a significant number of negative responses among fathers. In a study conducted by Dellman (2004), the most recent author to a literature review publish of father's experiences of childbirth, he reported that fathers think childbirth is both distressing and wonderful. For some fathers, witnessing the birth of their child was an emotional event (Chin & Daiches, 2011). In the study conducted among Greece population, majority of participated fathers reported feeling of being proud to become father and agree that they felt love and were grateful to their wife/partner

(Sapountzi-Krepia et al, 2010). However half of the father also reported feelings of anxiety and nervousness. In the study conducted by Callister et al, (2003) fathers involved testified that during the birth of their child, they had this mixed feelings of emotion such as excitement, fear, and gratification.

According to Vehviläinnen-Julkunen and Liukkonen (1998) more than 50% of all men feel uncomfortable, afraid and helpless at some point during labor.

Chin and Daiches (2011) in their study on "Qualitative Exploration of Fist-time fathers'," compared the father feelings during the labor process to a 'spare part'. In this context, a spare part appeared to signify a lack of utility on behalf of fathers, leading to a sense of redundancy during the labor. For some fathers who wanted to be physically involved, being a spare part was difficult, as they had not expected to occupy this role and they struggled to adjust to it.

Many research findings demonstrate that partners have positive effects during birth. It was found that support from spouses helped mothers to have more positive experience during childbirth, and mothers value positively their presence. Chandler and Field, (1997) observed that fathers were relegated to a supporting role only during labor and delivery. In the study of Lane (2009), father often reported disappointment about how he was treated before, during and after birth process since the focus of everyone is on the mother and afterwards on the baby. Initially, the fathers expected that they can handle well the labor of their partner, but during the actual labor and delivery process, fathers found out that they anticipated wrongly. Another study concluded that fathers stated that their presence at delivery was important for their growth into fatherhood. They described their best experience when the moment that their baby entered the word and the hardest things were the pain experienced by (Vehviläinen-Julkunen, & Liukkonen, 1998).

Although the body of the evidence regarding fathers' experiences and feelings about delivery is growing over the world, investigation Research Design describing feelings and experiences about their wife/partner's delivery from the perspective of first-time fathers is lacking. Since first-time fathers are known to be especially vulnerable, more research focusing in the first-time fathers needed to further investigate their is experiences during labor and delivery.

Theoretical Framework

This study is anchored on Nancy K. Schlossberg's Transition Theory. This theory is a psychosocial model of development that examines life events which affect various aspects of an individual's life and their societal roles. The person's perception on the transition is as important to understanding how a person is affected by his/her changing life events as much as the type, context and impact of the transition itself. Types of transitions include anticipated, unanticipated, event, non-event and chronic or "hassles" (Schlossberg, 1984)

Schlossberg explains the transition process in terms of "moving in," "moving through," and "moving out." When a person is going through the "moving in" process, he or she will need to "learn the ropes-to become familiar with the rules, regulations, norms, and expectations of the new system" (Schlossberg, 1997). One might say that when a person is going through the "moving through" process, their motto In gathering data, the investigators utilized the might be, "hang in there" and when in the "moving out" process one might experience feelings of grief even if the individual perceives the transition to be a positive one and was initiated by oneself (Schlossberg, 1997).

As the first timer father approaches fatherhood during the delivery of the infant, life transition language. The questionnaire is especially

their partner and being unable to help mainly his partner, to an individual whose concern now is the woman and the child.

Methodology

This investigation employed a descriptiveanalytical research design to assess and determine first-time fathers' feelings and experiences during labor and delivery of their partner/wife. The same design was used to describe the demographic variables of the respondents such as the age, educational attainment, occupation, and marital status. Moreover, analytical design was used to relationships describe between selected variables such as the demographic profiles and expectant father's feelings during labor and delivery of their partner/wife.

Sample

Convenience samples of 51 first-time fathers whose wife/partner had given birth in a government facility and who were residing in the City participated in the investigation. Inclusion criteria were; a) to be at least 18 years old, b) has the ability to speak and read, and c) is willing to participate. One on one interview guided with questionnaire among the subjects within a day after the delivery of their partner/wife were conducted in gathering the data necessary to answer the research questions.

Measures

Kuopio Instrumentation for Fathers (KIF) which was developed by Vehvilainen-Julkunen and Colleagues for facilitating the implementation of an international research projects. KIF was translated and tested by Sapountzi-Krepia et al (2009) in the Greek occurs, from an individual whose concern was designed to explore fathers' feelings related to their wife/partner's delivery. The first part of correlations between selected variables and the KIF questionnaire contains two scales.

The first scale is a 34-items scale for eliciting subscales information on the father's feelings related to coefficients. his wife/partner's delivery. This scale is divided into four subscales: a) a 13-item subscale for eliciting information on father's own feelings, b) a 7-item subscale on father's feelings concerning his wife/partner, c) a 4item subscale on father's feelings about the birth of his child, and d) a 3-item subscale on father's feelings about the hospital staff. The second scale is a 15-item scale for eliciting information from fathers who were present in the delivery room regarding their experiences related to their wife/partner's delivery. In this investigation, the second scale was removed since fathers' attendance during delivery is not allowed per hospital policy. The scale was scored using a five-point Likert scale as follows; 5 = totally agree, 4 = agree to some extent, 3 = difficult to say, 2 = disagree to some extent, and 1 = totally disagree.

The questionnaire was administered to those identified respondents personally by the investigators to ensure that they understood the importance of the study, the proper way of responding to questions, and the 100% retrieval of the said questionnaires. Precautionary measures had taken into consideration to safeguard the study respondents' legal rights. Prior to the interview consent forms had been given to them, had them read and signed it

Ethical Consideration

Permission to carry out the study was obtained from the Health Ethics Committee of Samar State University, Philippines.

Data Analysis

Statistical analysis was performed with SPSS, version 19 using descriptive and inferential statistics. Descriptive statistics included frequencies, percentages, means, and standard deviations. Inferential statistics examined the

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Kuopio Instrumentation for Fathers (KIF) using Pearson correlation Level of statistical significance accepted was p < 0.05.

Results

Forty or 66.67% of the respondents ages from 18 to 27 years old with an average age of 24.8 years. The vast majority of the respondents (n=40, 78.33%) were single and most of them (n=45. 88.73%) did not reach tertiary education. Meanwhile, a 78.33% (n=40) were skilled workers (Table 1). Table 2 presents fathers' feelings during the delivery of his wife/partner. As illustrated on the table, Majority of the respondents (88.24%, n=45; 68.63%, n=35) claimed that they were "happy" and "proud" during the delivery of their Meanwhile, 80.39% wife/partner. (n=41)claimed that they were they were "anxious", and 47.06% (n=24) reported to be "restless". Vast majority or 94.11% (n=48) of the respondents agreed that they felt love for their wife/partner, while 90.20% (n=46) reported that they were grateful to their wife/partner. On the other hand, more than three fourths of the respondents (78.43%, n=40) were worried about how their wives/partners would cope and 76.47% (n=39) felt guilty about their wives/partners being in so much pain. Meanwhile, 80.39% (n=41) were afraid that their partners/wives would die due to delivery. As to feelings towards the birth of the baby, majority of the respondents were "happy" (96.08%, n = 49), "proud" (86.27%, n = 44), and felt moved by the birth of their baby (86.27%, n = 44). However, 88.24% (n=45) of them reported to be worried about the health of the baby. As to feelings towards the staff, 62.75% (n=32) of the respondents were grateful with the staff and 47.06% (n=24) said that the staff were friendly. Meanwhile, 90% (n=47) reported to have trusted the staff and 74.51%

(n=38) noted that the staff were very The Pearson product-moment correlation was evident.

professional. It is also worth noting that calculated separately for each subscale with attendance of the expectant fathers during the respondents' demographic profile. As reflected delivery of their partners/wives was not in table 3, the demographic variables of the respondents did not correlate with the KIF subscales.

Characteristics		Frequency	Percentage	
Age	38-42 years old	1	1.96	
	33-37 years old	1	1.96	
	28-32 years old	9	17.65	
	23-27 years old	25	49.02	
	18-22 years old	15	29.41	
Educational Attainment	College Graduate	5	9.8	
	College Undergraduate	1	1.96	
	High School Graduate	18	35.29	
	High School Undergraduate	9	17.65	
	Elementary Graduate	13	25.49	
	Elementary Undergraduate	5	9.8	
Work	Professional	1	1.96	
	Skilled	40	78.33	
	None	10	19.61	
Marital Status	Single	40	78.33	
	Married	11	21.5	

Table 1. Expectant Fathers' Demographic Characteristics

Father's Own Feelings	Totally agree (n)%	Agree to some extent (n)%	Difficult to say (n)%	Disagree to some extent (n)%	Totally Disagree (n)%	Weighted Mean
I was proud to become a father	(35)68.63	(14)27.45	(0)0	(1)1.96	(1)1.96	4.59
l was nervous	(35)68.63	(14)27.45	(0)0	(2)3.92	(0)0	1.37
I was anxious	(41)80.39	(9)17.65	(1)1.96	(0)0	(0)0	1.24
I was tired	(21)41.18	(19)37.25	(0)0	(1)1.96	(10)19.61	2.14
I felt sick	(10)19.61	(10)19.61	(2)3.92	(5)9.80	(24)47.06	3.37
I was helpless	(21)41.18	(12)23.53	(3)5.88	(2)3.92	(13)25.49	2.41
I was unhappy	(1) 1.96	(0)0	(3)5.88	(2)3.92	(45)88.24	4.71
I was restless	(24) 7.06	(20)39.22	(2)3.92	(2)3.92	(3)5.88	1.80
I felt uncertain	(19)37.25	(14)27.45	(2)3.92	(1)1.96	(15)29.41	2.61
I was needed at the delivery	(36)70.59	(12)23.53	(1)1.96	(0)0	(2)3.92	4.57
I was an outsider	(2)3.92	(4)7.84	(2)3.92	(5)9.80	(38)74.51	4.35
I was afraid that being present at delivery would make me sexually impotent	(6)11.76	(4)7.84	(0)0	(1)1.96	(40)78.43	4.22
My masculinity was enhanced	(31)60.78	(15)29.41	(4)7.84	(1)1.96	(0)0	4.49
Father's Feelings About His Wife/Partner		1				
I was worried about how my wife/partner would cope	(40)78.43	(9)17.65	(0)0	(1)1.96	(1)1.96	1.32
I felt guilty about my wife/partner being in so much pain	(39)76.47	(9)17.65	(0)0	(1)1.96	(2)3.92	1.39
I felt love for my wife/partner	(48)94.12	(3)5.88	(0)0	(0)0	(0)0	4.94
My presence made the delivery easier for my wife/partner	(37)72.55	(8)15.69	(4)7.84	(1)1.96	(1)1.96	4.55
I was grateful to my wife/partner	(46)90.20	(3)5.88	(3)5.88	(0)0	(0)0	4.86
I was afraid that my wife/partner would die due to the delivery	(41)80.39	(8)15.69	(2)3.92	(0)0	(0)0	1.24
I was uncertain about my wife/partner's situation	(35) 68.63	(10) 19.61	(2) 3.92	(2) 3.92	(2) 3.92	1.55
Father's Feelings About the Birth of his Child						
I felt moved by the birth of the baby	(44)86.27	(5)9.80	(0)0	(2)3.92	(0)0	4.78
I was proud of the baby	(44)86.27	(3)5.88	(2)3.92	(1)1.96	(1)1.96	4.73
I was happy about the baby	(49)96.08	(2)3.92	(0)0	(0)0	(0)0	4.96
I was worried about the health of the baby	(45)88.24	(4)7.84	(1)1.96	(1)1.96	(0)0	1.17
Father's Feeling about the Staff						
The staff were very professional	(13)25.49	(25)49.02	(11)21.57	(2)3.92	(0)0	3.96
I trusted the staff	(19)37.25	(27)52.94	(3)5.88	(2)3.92	(0)0	4.24
The staff were busy	(15)29.41	(32)62.75	(4)7.84	(0)0	(0)0	4.22

Table 2. Responses on Kuopio Instrumentation for Fathers (KIF)
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Variables	Own Fe	Own Feelings		Towards partner/wife		Towards birth		Towards staff	
	r	р	r	р	r	р	r	р	
Education	0.0258	NS	0.0125	NS	0.1826	NS	0.11015	NS	
Work	0.0280	NS	-0.0600	NS	0.0621	NS	0.01316	NS	
Age	0.1178	NS	-0.1380	NS	0.1314	NS	0.05554	NS	
Marital Status	-0.0633	NS	-0.1811	NS	0.0669	NS	-0.10349	NS	
Monthly Income	0.1950	NS	0.1043	NS	0.2348	NS	0.27313	NS	
Family Class	0.0823	NS	-0.0755	NS	0.2342	NS	0.11926	NS	

Table 3. Correlation between selected profiles and Kuopio Instrumentation for Fathers (KIF) Subscale

Discussion

Results of this investigation have demonstrated that expectant father may have positive and negative feeling towards the labor and delivery of their partner/wife. Findings indicated that majority of the respondents felt happy and proud during labor and delivery of their partner/wife. This data is supported by the study conducted by Sapountzi-Krepia and Colleagues (2010) as well as Lawdermilk and Perry (2006) who pointed out that there is joy in having a baby and joy is an experience worth sharing. Similarly Leifer (2003) argues that men consider the birth of their own children as the most joyous and ecstatic experience that their life have to offer.

However, majority of the respondents reported to be anxious also. This is a clear indication that during the delivery, expectant fathers may feel uneasy about the situation. This is due to the unknown event that they are about to experience. Having this mixed emotion then is only normal to anybody who is about to face a situation unknown to him. This result correlates with the study conducted by Vehvilainen-Julkunen and Liukkanen (1998), where in during delivery, fathers had negative feelings such as nervousness, anxiety and restlessness. Moreover, Bradly, Slade and Leviston, (2008) also found out that men attending their

partner's labor and delivery experienced anxiety. Callister et al, (2003) also reported that during the birth of their child fathers tend to have mixed feelings of emotion, such as excitement, fear and gratification.

It is worth noting that vast majority of the respondents felt love and were grateful for their wife/partner during labor and delivery. This implies that labor and delivery process may evoke and ignite the feeling of love of the father to their wife. Subjects felt connected to their wife and they became more binned with love. This result is consistent with earlier studies (Vehvilainen-Julkunen, Liukkonen, 1998; Dragonas, 1992; Sapountzi-Krepia et al, 2010) where they found out that fathers had positive feelings to their wife/partner, such as love and gratefulness. Moreover, Chan & Paterson-Brown (2002), reported that labor experience improves the relationship between partners, while Fagerskiold (2008) argues that fathers often realized how capable their partner was admitted and this lead to an increased admiration for her.

However, it is also essential to note that about three fourths of the respondents were worried about how their wives/partners would cope, felt guilty about their wives/partners being in so much pain, and were afraid that their partners/wives would die due to delivery. This reactions maybe normal since commonplace as negative event. This result also refutes the events in a labor unit may be mystifying and findings of Lane, (2009) where in it was found frightening to a layman as claimed by out that fathers often felt being left out for a Lowdermilk & Perry, (2006). Meanwhile number of reasons including feeling that there Vehvilainen-Julkunen & Liukkanen (1998) presences is virtually overlooked by medical claimed that fathers during labor and delivery care providers and their role is undermined. of their partners/wives reported it as the most Result that was generated from this study was unpleasant and difficult thing. Result also an avowal of the Schlossberg's Transition strengthen the claim of Somers-Smith (1999) Theory that examines life events which affect that fathers during labor and delivery were various aspects of an individual's life and their uncertain about their supporting role, the well- societal roles. As for the first-timer fathers, being of their partner and any complications transition brought about by the delivery of the that might occur to the mother/the baby.

happiness and joy as majority of the concern now is the woman and the child could respondents were happy and proud of their also be viewed either be positive of negative. baby. This indicates that the birth of a baby is Positive transitions (individual are able to cope considered to be one of the best experiences a up effectively and has adequate support man could have in his lifetime. This data is system) may lead to growth, but decline is also strengthen by the study of Handshin (1981), a possible outcome, and many transitions may which reported that several fathers have be viewed with ambivalence by the individuals recounted the event of their partners' child birth experiencing them. This calls for a greater tearfully and described it as the best challenge for health care providers in providing experience.

grateful with the staffs and noted that they were this transition to fatherhood would be as very professional. This result promotes a healthy and positive as possible. conclusion that experiences of fathers with the Another important finding of this investigation delivery maybe affected by their perception on was that fathers were not allowed to be present how the staff treated them during this event. inside the delivery room during the childbirth This finding is supported by the study of of their partner/wife. Sapountzi-Krepia et al, (2010), where in father contributed to this was the hospital policy in during the labor and delivery of their which no one including the husband or any staff partner/wife considered the professional and that they trusted and were delivery room while the wife is on delivery. grateful to the staff. This is also consistent with Finally, in this investigation, we found no the Liukkonen, (1998) which found out that the variables and the KIF subscales indicating that midwives work of was reliable professional. However, this result was refuted father are universal irregardless of their age, by the study of Wikander and Theorell (1997) monthly income, which found out that staff behavior was education, and family class. This result refutes considered negative more commonly by the the findings of Dragonas, (1992) and Sapountzi group of fathers who experienced the delivery et al. (2010) suggesting that fathers' education

infant and from an individual whose concern Results also revealed an overwhelming was mainly his partner, to an individual whose holistic care not only to the woman but also to Findings also revealed that respondents were their partner/husband so as to make sure that

> One factor that very significant others are permitted to enter the

study of Vehvilainen-Julkunen and correlations between respondents' demographic and feelings during labor and delivery of every marital status, work. towards the labor and delivery of their in partner/wife.

Conclusion

Presence of first-fathers during the labor and delivery of their partner/wife evoked positive and negative feelings towards themselves, towards their baby, towards their wife, and towards the staff. This is consistent with previous studies conducted (Dragonas, 1992; Sapountzi et al., 2010; Somers-smith, 1999; Vehvilainen-Julkunen & Liukkonen, 1998; han, KK & Paterson-Brown, 2002; Chandler & Field, 1997; Fagerskiold, 2008). Results clearly show that expectant fathers are not only mere observer during the labor and delivery but they also play an important role in the making the experience worth sharing. The results provided important insight for hospital administrators in planning and formulating programs or antenatal classes for first-time fathers in order to lessen their anxiety and nervousness during labor and delivery. Hospital administrators should review and revisit its existing policy regarding the presence of husbands during the childbirth of their partner/wife. Being present will help women to gain strength during the delivery, enhance the couple's relationship (Fagerskiold, 2008) and enhances the birth process (Sasmor, 1979). Furthermore, maternity staff should understand the emotion felt by the father during the stages of the labor and delivery of their wife/partner and must refrain from judging the fathers based on the emotional manifestation.

Although data gathered from this investigation are important as it is the first analysis concerning expectant fathers' feelings and experiences during labor and delivery within Dellmann, T. (2004). The best Moment of my life: A Literature nevertheless, the locality, it has some limitations. First, this investigation was first-time father whose conducted among partner/wife had given birth from one hospital only, and the "n" was small. Second, exclusion

influences their feelings and experiences of other first-time fathers from other hospitals other provinces may limit the generalizability of this investigation.

> Since it was found out that majority of the respondents were unmarried, further studies may be conducted utilizing bigger samples of first-time fathers so as identify the scale/extent of this issue and explore their reasons for getting into a marital relationship without the sacrament of marriage. Furthermore, studies comparing first-time and non-first time fathers' feelings and experiences including their coping skills during those situations.

Relevance to Practice

This investigation may provide insights to hospital administrators in formulating policy that would enhance the support first-time father give to their partner/wife during labor and delivery. Antenatal classes for first-time father may be provided in order to increase their knowledge concerning childbirth, lessen their fear during labor and delivery, and increase their understanding on the roles that they can play during their partner's labor and delivery.

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