
EXPERIENCING ACTIVE FATHERING DURING PRENATAL PERIOD

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Abstract

Fatherhood and identification with father's role is an important period in human life; the issue of parenthood and fatherhood is very relevant particularly at present when the society faces family crisis. The article summarizes the information and suggestions on the importance, characteristics and experiencing of active fathering in individual periods – during pregnancy, delivery and shortly after delivery. In connection with reducing time of stay in the hospital facility after delivery, there is very little time for the parents to get sufficient information and instructions to care for their baby and to strengthen their parent competences. A solution could consist in improved prenatal preparation that should be aimed at preparation for the delivery and parenthood and that would pay more attention not only to prepare the pregnant woman but focus more on the couple and on the needs of each of the parents.

Key words: *prenatal preparation; pregnancy; delivery; post-delivery period; fathering*

INTRODUCTION

Fatherhood or parenthood, the parent/father-baby relation seem to be natural, but it is also full of doubts. Some men look forward to parenthood, while others fear it. Pregnancy is full of physical and emotional changes influencing the lives of the expectant parents while they are preparing for the parenthood (Thomas et al. 2011). According to Fedor-Freybergh (2013), the father has a unique role in the area of health and development of his children. Gravity concerns not only the mother and the expected baby but also the father, and therefore he should be involved in the psycho-somatic pre-delivery preparation. Preventive consulting in pregnancy has an essential share also in the development of pregnancy, as well as in provision of the feeling of safety of the parent couples when caring for the baby. At the same time, the father's role during

delivery, as well as experiencing of delivery from mother's and father's perspective are supported during pregnancy already. Fedor-Freybergh further states that each time when he mentions the mother, he has also the baby's father in mind, as these two personalities, these two functions, factors and "ecological valences" are inseparable and they act upon the baby's environment and development in similarly inseparable manner, co-creating it. New fatherhood constitutes a socially conditioned change of father's role. The father turns away from his traditional role; the engagement degree is changing; and a typical representative can be seen in a father who establishes emotional relation with his baby from early age already, by qualities typically reserved to mothers in our culture. Active fathering corresponds to implementation of new fatherhood and includes engagement, participation and particularly the man's higher interest in

pregnancy, delivery, the baby's upbringing and father's role (Thomas et al. 2011). Not every man will actively identify with the father's role and won't be able to experience fatherhood so actively. On the contrary, this situation is so challenging to him that it may finally lead to break-up of the newly created family (Pihlakoski et al. 2013). Our article will predominantly discuss active fathering and its development in individual stages of perinatal period.

Pregnancy

The information of the partner's pregnancy may be a joyful, surprising, expected or unexpected, feared or devastating, or contradictory message. As Brizendine (2010) states, it acts as stress that usually culminates within the first 4–6 weeks after the notice. According to Verny and Kelly (Šulová 2004), the expectant father acts upon the unborn baby in mediated manner through his relation to the mother (he influences her experiencing, balance and mental condition), as well as directly through his relation to the baby. The first ultrasound images or the first motions are usually a significant moment for the development of parenthood (Vágnerová 2008). The father's relation to the baby in prenatal period has influence on shaping and experiencing of the parent role. According to Matějček (2005), parenthood preconditions go developing long before the baby is born, actually during childhood of the parents (fathers). Planned parent attitudes constitute a precondition and they are shaped through own experience with own parents. The expectant father needs to acquire the feeling of responsibility, involvement and personal importance. If he does not refuse those needs, he will later make good use of them in easier adaptation to and involvement in the baby-mother dyadic relationship. The expectant father needs to acquire the feeling of responsibility, involvement and personal importance. Those needs are fulfilled through sharing, joint experiencing of the baby's behaviour, physical contact or active communication with the unborn baby. The father's interest in pregnancy correlates positively with the degree of involvement in care for the baby in the first six weeks after delivery, and his attitude influences the partner's joy of motherhood (Parke 1996,

Redshaw and Henderson 2013). Missing physical contact with the unborn child causes, as Vágnerová (2008) states, more difficult and slower adaptation in later time. A study performed at the Harvard University revealed two essential hormonal changes in expectant fathers; their testosterone level decreases and at the same time, their prolactin level increases. The researchers consider such reactions a response to pheromones from the expectant mother's sweat glands and skin, preparing the man for fatherhood. Mother brain gives rise to father brain, and father brain helps mother brain to develop, respectively. Fatherhood hormones in man's brain include prolactin, oxytocin and vasopressin (Brizendine 2010). Brennan et al. (2007) point out so called Couvade syndrome in which mental or physical pregnancy signs occur in men in the course of their partner's pregnancy, including weight gain, sickness, mood fluctuations, etc. The father's thoughts on parenthood are not paid as much attention as the mother's needs (Diemer 1997, Burgessová 2004, Nilsen et al. 2013). As Fägerskiöld (2008), to become father implies leaving bachelor life behind and assuming responsibility for the baby. Adaptation to parenthood is described as a vulnerable period in which the marital relation is exposed to dramatic changes (Shapiro et al. 2000, Adamsons 2013b). Nobody cares much for the father during pregnancy, and he does not know whom to approach to find support (Burgessová 2004, Yu et al. 2012). Physicians and midwives should pay attention to the father and to ascertain his disposition to post-natal depression and to prevent problems with establishment of the relation to the baby. It is important to find out whether the father has been actively interested in his partner's pregnancy, participated in pre-delivery courses with her and whether he is ready to attend the delivery and to help after the delivery. Higher level of fathers' knowledge can be seen in more critical attitude to his partner's parent practice, as Jackson (Burgessová 2004) states, but such fathers experience imbalance between working and family life and may provide weaker support in traditional concept of their roles. The fathers' approaches to fulfilment of their role are different and derive from basic characteristics including: age, education, personality characteristics,

life attitudes, experience from own family and examples from the surroundings. The fathers' attitudes to their parent role (both at opinion and practical level) is also influenced by age, by the background in which they grew up, by the form of partner coexistence, by the fact whether they live in common household with the children, and by their partners' claims (Friedlaenderová 2010). Bauer (2013) found out that before conception, a great part of respondents connected the concept of fatherhood with responsibility, restriction of freedom or an irrevocable commitment, even in cases when they attributed meanings like reason for living, self-realization or natural part of life to parenthood and looked forward to the baby. Most of them had none or distorted idea of fatherhood in that period. Expectant fathers often experience parent stress, suffer from lack of emotional wellness, from frequent feelings of loneliness, fears of financial provision for their family; also low education level, lack of partner support and sometimes also incidence of intimate violence play their role (Diemer 1997, Adamsons 2013a). The greatest fears include financial concerns, personal support, first fatherhood, political effort for fathers' engagement. Czech fathers (Friedlaenderová 2010, Bauer 2013) would welcome higher information on their legal claims, opportunity to compare with fathers in other European countries and availability of an information server for fathers, as well as Internet consulting on upbringing (there are several websites for fathers already). Fathers' experiencing includes blissful feelings of happiness and joy, concerns about health of their partner, of the baby or of both, but also fears that nothing goes wrong and that everything is all right; such fears rise with the partner's "growing belly" and with approaching delivery (Bauer 2013). There are also tendencies to restrain the partner's risky behaviour due to fear or wariness, negative memories caused by the change observed in the partner, mood fluctuations, negative experiencing of partner relation change (we argue and she is hysterical), and all that culminates in puerperium. The experiencing is sometimes cold and reserved; they look forward to the baby, considering the baby a natural part of the relation; they feel regret about subjectively perceived loss of the partner's attention; they feel neglected, and

in spite of knowing the reason, they are a little sorry. Sometimes, the joy is interrupted by adverse experiencing of serious illness of the partner's parent(s), by impatience and expectation, but also by curiosity and pride. The euphoria caused by the partner's pregnancy is immediately followed by the burden of responsibility towards the family and of the obligation to provide for the family. The conception changes many things in mutual relation; something will come, arrange the life, provide it with reason and fulfilment; a specific mission comes; the relation to the baby is perceived from the first motions. There is continuum between high activity and high passivity, visits to the physicians' together with the partner and touching the belly. Identifying oneself as active or passive father is related to the important role and initiative of the expectant mother, to the degree in which she has engaged the less active father in issues related with pregnancy (Tohotoa et al. 2012, Demontigny et al. 2013).

Delivery

The delivery constitutes entry into a new world not only for the baby but also for the baby's mother and father. Fedor-Freybergh (2013) states that it is a new world, the family world, a new ecological scene, but including everything that was there in the preceding stage. With regard to delivery, the mother's and father's needs should be respected and no partner should be exposed to performance or social pressure. No demands and expectations not matching their personality needs should be imposed on them. Not every expectant mother wants her baby's father to attend the delivery, and not every father wants to attend the delivery. The unity between the mother, the father and the baby is strengthened only through perfect respect towards the individual, preventing the mother or the father from feeling guilty (Tohotoa et al. 2012, Bergström et al. 2013). The delivery is an intimate issue and a great family event, which must be considered also by the obstetrician and by the midwife. Their task consists in supporting the father-mother-baby triad. The effect on the development of love and closer relation to the baby in connection with the father's attending the delivery shows that his presence deepens rather the relation to his partner than to the newborn baby (Matějček 2005). Fathers who

are forced to attend may suffer from unpleasant feelings of helplessness, fear, worthlessness, and may constitute rather a burden than a support to the delivery (Demontigny et al. 2013). Prepared and informed fathers know what is expected from them and experience feelings of belonging and own importance. It is therefore important to ask whether the father wants to attend the delivery and to prepare in advance for it, whether he wants to be active or passive, and what is waiting for him there. It has been revealed that, rather than attending the delivery, the time spent with the baby in the first moments after the delivery is more important. Matějček (1995) states that fathers have inborn aptitudes to handle the newborn in a specific manner that benefits the newborn's further development (they touch the newborn, look at them, talk to them similarly as mothers do). Active father's brain develops more connections for parent behaviour and men who actively care for the baby have lower testosterone level and increasing prolactin level than passive fathers have. The decreasing testosterone level and the increasing prolactin level causes men to be better in listening and in emotional responses to crying, although it is not quite clear yet whether hormonal changes cause different behaviour, or whether the behaviour is accompanied by suppressed hormone production (Brizendine 2010).

Experiencing of delivery by fathers

From neuro-psychological perspective, the pre-delivery period constitutes the strongest hormonal shift towards fatherhood. In the last pregnancy trimester, the men's prolactin level increases by more than 20%, and the testosterone level drops by 1/3; in the period after the baby is born, the testosterone level keeps decreasing, and both hormones return to their initial values around the first 6 weeks of the baby's age. But they get to their values before pregnancy only when the baby starts walking (Brizendine 2010). To most fathers, the delivery is an important and "hugely strong experience" related with attributes like strong, mysterious, brutal, great, blissful, terrifying, touching, stressing, blow, relief, the strongest emotional experience of life. To many of them, the delivery is connected with huge stress, fear and immediately afterwards with huge euphoria, joy and happiness. But all

of them consider important the health of the baby and the mother (Bauer 2013). Unpleasant feelings and regret during the delivery are provoked by the partner's hardship, by a long and exhausting delivery and by the hospital setting (Diemer 1997, Greenhalgh et al. 2000, Johansson et al. 2012). Short after the delivery, still in the maternity hospital, the fathers usually retain their euphoric mood, they enjoy the beautiful first days with the baby. Concerns about potential lack of the newborn's thriving and particularly problems with breastfeeding emerge already. The baby's delivery is a strong experience that reminds fathers of distinctively adverse emotions and stress (fear, anxiety, uncertainty, panic, helplessness) on one hand, and immediately shifts to distinctively pleasant joy and happiness over the baby's birth. The euphoric mood may sometimes last until the following challenging days, facilitating their experiencing.

Arrival home and the first weeks of coexistence

The period of mutual adaptation of the new family is often exhausting, tiring, challenging or stressing. Increasingly euphoric mood has been joined by feeling of responsibility, putting aside working obligations and paying increased attention to care for the baby and the mother (Bauer 2013). Some men had a problem with the change in their partner or in their partner relationship; they felt that their wife was completely estrange, disaffected (she lives only for the child, or the two of them are happy with their own company; I was somehow put aside; everything turns around the baby; you are suddenly missing something you had before; you have less of a woman). There was also an opinion that the baby constitutes fulfilment of a dream, and the man perceived himself as a responsible breadwinner. The fathers' attitude to their father's role in that period is influenced by age, by the environment, by the place they grew up, by the partner relation, by the education, by the partner's demands and by life experiences and attitudes. Henderson and Brouse (1991) found out that during prenatal preparation, fathers were prepared for the delivery but not for changes of life style and of relations within the family after the baby's birth. Similar findings are reported also by

other authors (Fletcher et al. 2004, Halle et al. 2008, Casse and Polomeno 2010); they suggest that the programs of pre-delivery courses should be reviewed in order to emphasize more such changes and correct timing of such information.

Fathers and midwives

To what level fathers are prepared for challenging changes in perinatal period and how they are aware of their new role, depends also on their preparation. One of the methods should include not only prenatal preparation for mothers but also for fathers. Studies made in Sweden showed that an overwhelming majority of fathers reported positive effect of prenatal preparation on their fatherhood, as they could discuss the expected role with midwives. They expect that such method will be even more expanded and improved, as it can help them to feel more useful and more related with care for the baby (Thomas et al. 2011). The post-delivery stay in the hospital in Sweden is typically about 6 hours up to 72 hours at the maximum. That fact does not allow the midwives and other health care providers to help the parents to adapt to their new roles, as they hardly manage to meet the goals with regard to care focused on the family in such a short period (Corwyn and Bradley 1999, de Montigny et al. 2012). One of the solutions of the problem would consist in improved prenatal preparation of fathers for parenthood, as well as household visiting services and provision of services in child health centres. The Czech legislation regulates the post-delivery stay in the hospital so that upon expiry of 72 hours from the baby's birth, the mother with the baby can leave the health care facility (Věstník MZ ČR 2013). Similarly to Sweden, there is very little time to instruct the parents on care for their baby and to prepare them for all changes. Particularly fathers do not feel prepared for parenthood during prenatal preparation; they did not get information on parenthood problems, were not adequately prepared for the delivery and for the care for their newborn baby. They would expect the midwives to allow them meetings and prenatal visits, so that they have opportunity to ask questions and to be involved in prenatal preparation, in the very delivery and in care for the newborn baby (Bauer 2013). The contents of the prenatal

preparation should be aimed at the father and require his opinions in consultations.

DISCUSSION

The development of father's role and its significance from the delivery to adult age has not been paid attention in such scope in which the mother-baby relationship was focused in the past. Freud emphasized only the mother's role, and the fathers were almost ignored for the period of early development; nevertheless, Jung (2000) pointed out the father's indispensability, speaking about him as about the certainly first and probably only human world in childhood. At present, the situation is changing in interesting way thanks to social changes and active approach of fathers. Minimal father's involvement in and influence on the baby's development is considered a think of the past; it is revealed more and more that the father has a different, but also important influence on the baby. The topic of fatherhood at present deals not only with the issues of fathers' engagement (Cook et al. 2005) or with fulfilment of the father's role (Morman and Floyd 2006), but also with the issues concerning the men's satisfaction in partner relation after the baby's birth (Volling et al. 2006), as well as the issues of perception of the children (Matta and Knudson-Martin 2006). Different authors (Burgessová 2004, Lamb 2005, Zoja 2005, Morman and Floyd 2006) consider fatherhood in historical context and agree that each historical era has its dominating opinion on how good fatherhood should look like. The present forms of fatherhood include all forms of the father that were gradually created in the history. Thus the present fathers may be perceived as negative and we can speak of a strict, bad, aggressive father, etc., but we certainly can imagine and find a kind, indulgent father, father-advisor or father-teacher.

The issue of active fathering is a hot topic at present. The essence of active fathering, according to Kubíčková and Šimková (2006), consists in active implementation and fulfilment of the father's role. In connection with continuous economic, political and particularly social changes, fatherhood acquires more significance than in the past historical eras. The former priority role of the father as an economic agent and family breadwinner

has been replaced, to great degree, by the father's active participation in the pregnancy development, in the delivery, and subsequent engagement in care for the baby in the role of caregiver and educator (Fox et al. 2000). Although active father's engagement before and after the delivery constitutes a very important factor in the process of acceptance of parent role, it finds also some critics at present. Plesková and Sedláček (2008) describe that the most frequent fears of the critics of active fathering concern the issue of preservation of male identity. They mention the crisis of father's authority and the fact that the man in current society loses the positions he has had guaranteed for long centuries, expressing the concern about what impact on male identity their engagement in formerly strictly female matters may have. On the other hand, there are many more reasons supporting the philosophy of active fathering that is natural to men in a kind. Dittrichová, Papoušek, Paul et al. (2004) state that active fathering is expression of so called intuitive parenthood when the parents purposefully modify their behaviour in communication with the baby without being fully aware of it. The communication in the first months of life influences in a significantly positive manner the baby's development, helping the baby to acquire fundamental physiological adaptations like feeding, sleep and waking management or development of emotional displays and attention. Stronger emotional bond between the father and the baby increases the autonomy and quality of mutual relations in the family. This very general idea matches the idea of the "new father". But several important questions should be answered. What does everyday care mean? What do fathers imagine under the concept of child upbringing? What is their opinion of active fathering? In the 1980s already, the American authors Lamb et al. (1985) dealt with the issue how much time fathers spend with their children and what activities they do with them. Although their results varied dramatically, Lamb (2005) states that in the end, they agreed upon three components of father's engagement in care for the child. The first type is the time spent directly in mutual interaction with the child (feeding, help with homework, plays and games in the garden, etc.). The second type is the time spent

indirectly with the child (household chores, the child plays next door). The last type is the most difficultly definable; it concerns the ability of capturing the importance of care for the child, responsibility for its care and for its needs (the need to go to the dentist's, to go to parents' evenings, to arrange for baby sitting, etc.). From this perspective, the engagement of today's fathers (pushing the pram, feeding the baby, changing nappies, etc.) constitutes only the first step towards actual engagement and towards actual interest for the children.

CONCLUSION

Both parents are important for the baby's life. The mother provides the baby with background, peace, stability and satisfies the baby's needs. The father is an important figure for the baby from early days the whole life long and he is characterized by qualities like responsibility, engagement and availability. The fathers' experiencing is closely related to their personality and emotionality, it reflects experiencing of the partner relation and of the partner's personality and is influenced by the baby's birth. From the perspective of intensity, the fathers' experiencing is stronger in early life of the baby and particularly pregnancy and delivery constitute significant events related to increased experiencing of emotions. Strong euphoria or joy start from the baby's conception, being the strongest at the moment of delivery, and more constant, not as intensive later. Fears and concerns are most frequently related to fear about the baby's health and safety, to fears of physical contact, of the baby's fragility during care, to uncertainty when treating the baby, to fears of illnesses and to fears about healthy development and right upbringing. Other feelings experienced by fathers include also emotion, pride, anger, wrath, as well as regret. If fathers are to be active participants of provision of parent care, midwives should pay attention also to expectant fathers during prenatal preparation of pregnant women, so that the fathers feel prepared for the delivery, but also for fatherhood and care for the baby.

Conflict of interest

The authors have no conflict of interest to disclose.

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