Fathers in the Labour Room

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Introduction

In this article father and mother refer to the father and mother of the expected child.

An ideal family is a situation in which both the father and the mother mutually love each other, support each other, correct each other and deny oneself for each other. In other words it is founded and continued on this unshakeable basis of a deep relationship called love. The result of this mutual love, respect and devotion between the husband and wife is the child. To put it in another way, both of them are inseparably involved in the process of conception. Conception is a physiologic as well as psychologic experience of a man and a woman creating a new life. If conception is that, birth can be no less and is an experience of three, or more persons (Jensen and Bobak, 1985). These days, there is a great emphasis on the family centred approach and management of patients of various kinds. It is high time, a family centred approach is accepted even in this experience of delivery. In the Western world, one of the obvious benefits of this is the father's involvement (May, 1982).

When the baby quickens in the womb, the to-be-parents are thrilled and excited. The father is so much concerned about the proper development of the foetus. Every movement and every foetal heart beat is important to both of them. The father's attachment in this prenatal period is no less; it is even proved that there exists something like paternal—foetal attachment (Weaver and Cranley, 1983).

Uufortunately when the time comes for the child to arrive, the father suddenly becomes an alien, foreigner, who should never be around. There is no doubt, they should encourage and support the mothers in the prenatal period and in the postnatal period. But when it comes to delivery, father's presence is a taboo.

Now, we will see, some of the advantages and disadvantages of fathers being in the labour room.

Advantages:

Father's Right: Every father has the right to be present with the mother during birth. These are days when patients are aware of their needs to know, decide and participate. As mentioned above, just like the conception, birth is an event of two or more people. Also, it is very pertinent to observe that neither pregnancy nor birth is an illness. So the mother is not a patient, though she comes to the hospital. She comes to have some guidance and practical help. The curative aspect in the traditional sense is not involved here unless there is complication. So we cannot say that relatives should not be there with the mother during labour. It's perfectly right, not to allow relatives when a patient is on the operating room, for any surgery. In this latter case, there is illness, and treatment is required and the person is a patient, hence relatives' non-involvement at that moment is justifiable. But it is not in the former case of birth.

Ego-Building for the Father: It is to be mentioned that involving the father in birth is ego-building for him Then it's a moral responsibility of medical personnel to help the father to participate in it. This makes him feel that he has a more vital role in birth, than what usually people think (Reeder et al 1983). In one study it was found that nearly all the participating fathers studied, felt elated and gave indication of increased self-esteem (Olds et al 1980). Involving the father in the birth of his child dispels feelings of alienation, isolation, helpless inaction and insignificance (Jensen and Bobak, 1985). Father's participation is closely related to his self concept also. Self-concept is the individual's sense of his own identity, worth, capabilities and limitations. This is essential for maintaining the self-esteem, which is an important variable in the mental health of the person. in this context, mental health of the father will be clearly reflected in the mental health of the family as a whole. It is reported that self-concept of such a father may be enhanced and consequently he may derive even greater pleasure from his infant (Bowen and Miller, 1980).

Support to the Mother: Now we shall see yet another advantage of father being in the labour room with the mother. If father and mother had a very good emotional relationship, it is very supportive to have him nearby when the mother is in labour. On the other hand, if they don't have a good emotional relationship, it may not help. This matter is dealt elsewhere in the article. A mother who has experienced the comfort and reassurance of a loving husband (father), will turn to that man, even at this crisis. It will be both distressing and discouraging for the mother, not to see the husband (father) then. This will add to the tension and pain. Some mothers may have male doctors attending on them. This is an additional reason why the presence of the father ean be supportive and security providing. This point is especially true in the Indian cultural context. One study suggests that there may be major perinatal benefits of constant human support during labour (Sosa R. et. al. 1980).

Another study on antenatal women shows that the subjects, rated medication during labour of less importance than the presence of a labour companion (Gaziano E et al 1979). This may bc provtded by the

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nurses, but, they being very busy, will never be able to replace father. So research indicates that the presence of the father during labour is a major source of support for the mother. There is also evidence to the effect that it improves family relationships.

Perception of Birth : Another important factor in any hospitalization is how the person interprets the event. This interpretation is called perception. The perception affects a person's compliance. Her emotional reactions then and later will depend on her perception. In the present case, even her reaction to the child will depend on how she perceives the birth experience. The woman who has the mate with her in the delivery room will have a more positive perception of her birth (Mercer et al, 1983). It was observed in one study that medical management, like caesarean birth, medications, foetal monitoring and anaesthesia, least affected her perception of birth experience. But the woman's mate had paramount influence on her. Many women in the study quoted above, were very pleased with the nurturing support that their husbands provided. Fathers can encourage their wives to comply with certain requirements during labour (deep breathing). He can also pacify her gently, if she screams loudly. He can encourage her to undergo the pain and suffering. In other words, he can encourage her to accept the present situation with courage and patience. So the father can greatly influence mother's perception of birth experience, by being present with her during labour.

Practical Help : Father can be of practical help in the labour room. He can assist with practical things. He may assist in comfort measures, such as pillows or back rubs. He will be able to call the medical personnel, if something occurs in their absence. As he is the one who has lived with the wife all these days, he will be able to understand and interpret the mother's wishes and needs to the staff, more than anybody else. All this lightens the work of the medical personnel. They should know how to tap the potentials in a father in such a situation. Even if the father can't be of any practical help, "just being there" itself can be a comfort measure (Jensen and Bobak, 1985).

To Provide Information : Yet another great advantage of having the father with the mother in the labour room is in providing information to her. This is a basic emotional need. Lack of information and explanation can lead to anxiety, worry, non-compliance and anger. Information also helps a mother to relax, because she knows what is happening. The father will be able to give her information as to the appearance of presenting part, or whether the baby has come out etc. As she will be exhausted, her perceptual abilities will be decreased. Hence proper interpretation of what is happening around may not be possible for her. A nurse may be too busy to provide this. And the nurse might become irritable if she is constantly asking a lot of questions. The father will be able to provide much information to the mother, if he is present.

Attachment Behaviour : There is yet another, very important aspect, to the presence of husbands in the labour room. That is related to the development of attachment with the child. Freud, an early psychoanalyst, said that it is the oral comfort which is the basis for attachment behaviour. Then Harlow disagreed with him and said that it is the contact comfort which makes the attachment. Modern theorists, however do not accept these as the only factors responsible, but consider them as some of the factors. At the time of birth, they are concerned only about being safe, satisfied and comfortable. Research studies have proved that there is no preference for any person at this time. However Freedman reports a higher preference for human faces and voices.

Birth, hence, provides an unique opportunity to develop attachment with the child. As the research in this area progresses, one comes across many studies of this strong attraction to his newborn and highly positive emotional reaction to first contact.

The first few hours after delivery appear to be significant in the development of the father-infant bond as well as mother-infant bond Some researchers have used the term 'engrossment' (Greenberg and Morris, 1974). Engrossment refers to the characteristic aspects of the impact of the newborn on the father-his sense of absorption, preoccupation and interest in the infant.

From this engrossment, the attachment bond between the father and his infant develops. They are strongly attracted to him and enjoy looking at him. As mentioned elsewhere, when mother and father have a warm emotional relationship, it can be reassuring for the mother during labour. It is also proved that paternal atttachment is positively correlated with the strength of marital relationship (Weaver and Cranley, 1983).

This implies that the more emotionally attached parents are, the more the chances for the development of paternal attachment. Hence, it is clear that, at least (if not all) such fathers should be allowed to be present during labour. This relationship is subjective and personal. So one has to go by the words of the father.

Some others feel that the first three days following birth are a critical time for the achievement of optimum father-infant bonding (Weiser and Castiglia, 1984). This should 'encourage us to value every hour in those three days and not to neglect the first few hours, justifying that other two days and more are there.' The importance of first few hours is clearly given by others too. "Bonding is the rapid formation of an affectional tie, unidirectional from the parent to the infant during the first hours and days after birth and enhanced by physical contact" (Campbell and Taylor, 1980).

A father who is present at delivery is better able to distinguish his child from other babies and has a greater sense of comfort in holding his infant (Bowen and Miller. 1980). The idea that a child forms attachment only with the mother has become a myth by a lot of studies on paternal attachment. Delivery attendance by the father is considered the second most important factor in the development of paternal attachment (Gibbs and Covington, 1976).

Disadvantages

One of the most important disadvantages that might come to one's mind is about infections. Another fear is some fathers filing a suit against the hospital or the medical personnel, out of misunderstanding or misperceiving a situation. But reports from the West, where father present during labour, is a very common affair, show us that there is no significant increase in infections or law suits (Jensen and Bobak, 1985). Another side is about the psychological strength a father has, in standing the shock and pain of their wives. If they are not strong they may pose practical problems for the personnel in the room. Also a father may not understand or appreciate some decisions and actions of nurses and doctors. As a result he might become agitated. This highlights the importance of prenatal teaching for parents which is grossly neglected. Yet another problem is that other patients in the labour room may object to the presence of a stranger inside the labour room. This aspect depends on the peculiar facilities in each hospital. If each woman has separate high-walled cubicle this should not be a problem at all.

A Word of Caution

There will be always fathers who my not want to participate in the labour, because of ethnic factors, and role expectations (Ibid). Temperamental factors and interpersonal relationships can be other reasons for non-participation. When such situations come it is better to leave the father and not force him. Forcing him can make him feel guilty and pressured (May 1982). One has to recognize the individual differences in this field too and respond accordingly.

The importance of culture comes to picture here, especially in a country like ours. Culture is a learned, shared and organized system of behaviour expressed in thoughts, feelings, and other behaviours. Sociologists say, that it is not a static concept, but a dynamic process in which there is selection, elimination, and acquisition of new values, habits and practices. Culturally, the thought of fathers being present during birth may be unacceptable to both the parents. This point has to be kept in mind always. No health education or practice which goes against one's culture can be implemented. The role concept of a father too is different in India, because of the joint family system. But role concept is also undergoing radical change because of the nuclear—family system. It will take time for culture and role concepts to change completely. Then such ideas like fathers in the labour room may be accepted more easily.

Awareness

So there must certainly be an awareness among the health workers for this need. Medical personnel have to be conscious of the advantages of father's participation in birth. Of course, they need to be aware of the disadvantages too, when a decision is to be made.

Conclusion

In conclusion it can be said that a well informed father can make a significant contribution to the health and well-being of the mother and child, their family relationship and his self-esteem (Jensen and Bobak, 1985). Weighing the pros and cons in each case, medical personnel can decide whether fathers can be permitted during labour. Making a general rule may not be very ideal for us in India, at present. Each case deserves individual consideration. The different aspects should be explained to the father because he is facing a new and stressful situation. It is unwise to think that he understands what is happening (May, 1982). It is high time we think and move on these lines, realizing the recent trends. This is not just aping the west, but being aware of a concept which would gain momentum in the near future in India too. To be adamant to say, "no men in the labour room" is as rude and short-sighted as aaying "no men should be obstetricians"!

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Treatment of the Mentally Sick

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(f) Mental Illness Once Acquired is Life-Long : It is incorrect to presume that a mental illness, once it occurs, remains for life. Since more than 80 percent of the mental illness are fully curable and preventable, it is wrong to believe in this misconception. Excluding schizophrenia, all other mental illnesses can be easily controlled and prevented through proper psychotherapy, pharmacotherapy, behaviour therapy or family therapy with proper genetic counselling. The average stay of a mentally sick patient in a psychiatric ward of general hospital is between one to four weeks (much less than the stay what is needed for a patient of heart attack, a major surgical operation or a fracture etc.).

(g) The Only Place for Mentally Sick is an Asylum : The credit goes to Dr Pinel for starting the humane treatment for mentally ill in 1795 in Paris. Then this social reform was continued by Rush In America and Connolly and Tuke in England.

In India, we owe to Dr G.S. Bose (founder of first psychoanalytic society in India) for doing initial experiments in General Hospital psychiatry in 1933 at R.G. Kar Medical College in Calcutta. This was later on carried out by Dr K.K. Masani, Dr N.N. Gupta, Dr N.N. Wig and Prof. J.S. Neki.

At present, every government hospital has set up a psychiatric Unit to assist 42 mental hospitals in India.

The treatment of mentally sick in a government hospital does not differ from the treatment given for medical surgical or other illnesses. The only difference is that to treat a mentally sick, a kind of team work is required—the psychiatrist is assisted by a psychologist, a social worker, a psychiatric nurse and a rehabilitation therapist.

The mental illnesses are not confined only to the psychiatric ward but a psychiatrist has to attend and treat the mental illnesses associated with *medical problems* like hypertension, Diabetes, Asthma etc; *surgical problems* like operation itself, cancer, fractures, disfigurement etc, *Gynaecological conditions* like pregnancy, abortion, menstrual problems etc, *childhood problems* like school phobia, habit and developmental or conduct disorders and last but not the least *Ear and Eye problems* like blindness, deafness etc.

The treatment provided for mental illnesses in India is not inferior in any respect to what is provided in the Western countries. This can also be inferred from the fact that two of the brilliant Indian psychiatrists, Dr N.N. Wig and Prof. (Dr) J.S. Neki are already working in the capacity of Mental Health Advisers for World Health Organization.

With proper methods of drug treatment, rehabilitation techniques and counselling services for common mental health problems like alcohol and drug abuse, deliquency and genetically inherited mental illnesses, we can avoid the chronicity and disability of more than 80% of cases but the latest spurt in number of drug addicts (especially smack addiction), has started consuming the scarce mental health services available in our country.

If India fails to draw to divert its resources in boosting up the mental health services then it may fail in fulfilling its promise taken at the international conference at Alma Ata i.e. "Health for All by 2,000 A.D." (mind you, W.H.O., defines health as not merely the absence of desease but a state of positive well being-physical, *mental* and social).

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would give the opportunity to the health workers to provide adequate ante-natal care and supervision and protect the mothers who put themselves and their babies at risk unknowingly. Significant reduction in low birth weight, perinatal mortality, neonatal mortality, congenital anomalies and hereditary genetic disorders can be achieved.

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