

1 **'The calm before the storm': A qualitative study of fathers' experiences of early**
2 **labour.**

3 **Abstract**

4 Background

5 Early labour care presents a challenge for maternity services and is a cause of
6 dissatisfaction for women planning birth in an obstetric or midwifery unit who may feel
7 unsupported or unwelcome at their planned place of birth. Little is known about the
8 perspectives of men who support their partner during early labour.

9 Methods

10 Opportunity sample of fathers (n=12) in the UK who had been present during their partner's
11 labour in the previous twelve months. Semi-structured interviews were audio-recorded and
12 transcribed before thematic analysis.

13 Results

14 Fathers learned about the stages of labour during antenatal education and felt well prepared
15 for early labour but found their knowledge difficult to apply, and relied on their partners to
16 decide when to travel to the planned place of birth. Early labour was described as the 'calm
17 before the storm' during which they carried out practical tasks or rested to ensure they could
18 fulfil their role when labour progressed. However, men frequently felt 'like a spare part'
19 during the later stages of labour.

20 Discussion

21 The study has implications for antenatal educators, midwives and others supporting couples
22 during pregnancy and labour. It supports reconsideration of how information about labour
23 progress can be most usefully conveyed to couples. Professionals could acknowledge the
24 value of supportive tasks carried out by fathers that might otherwise be experienced as
25 doing 'nothing'. Further research should recruit more diverse samples of men and same-sex
26 couples. Dyadic data collection methods may be of value.

27 **Keywords**

28 Fathers; maternal health services; pregnancy; early labour

29

30 **Statement of Significance**

31 *Problem or Issue*

32 Early labour care is a source of dissatisfaction and couples can feel unsupported and find
33 it hard to know when to seek admission to place of birth.

34

35 *What is already known*

36 Most fathers are present for labour but often feel helpless and like a 'spare part' in active
37 labour. It is unclear how well prepared fathers are for early labour and what their role is.

38

39 *What this paper adds*

40 Qualitative evidence about how fathers perceive their role during early labour including
41 evidence that fathers find it hard to apply knowledge of early labour and to contribute to
42 decision-making around seeking admission. Early labour is perceived as a time to rest
43 and prepare for what is anticipated as a more active role as labour progresses.

44

45 **Introduction**

46 In any place where hospital birth is common, early labour poses a challenge for intrapartum
47 care.¹ Women in the UK, and many other European countries, are typically advised to phone
48 the maternity unit when they first perceive signs of labour, and they receive advice from a
49 midwife about managing signs of labour and when to travel to the place of birth. ² This policy
50 provides a means for maternity units to manage their workload, enabling care to be focused
51 on women in active labour; ² but it also aims to reduce the risks of intervention in labour
52 associated with being admitted to hospital in early labour.³ The message to stay at home as
53 long as possible is strongly articulated to women in antenatal education and antenatal care,
54 although the reasons for this may be less clearly communicated. ⁴ Whilst definitions of onset

55 of labour vary considerably,⁵ early labour is generally agreed to involve contractions prior to
56 3-5cm cervical dilation being reached.⁶ Early labour care is a source of dissatisfaction:
57 some women feel unsupported, vulnerable and even unwelcome at their planned place of
58 birth; ^{4,7,8} the risk of being asked to return home is embarrassing and anxiety-provoking. ^{4,9}
59 Men are considered to be influential in supporting women at home during early labour or
60 encouraging 'early' admission.^{7,9,10} Fathers' experiences of supporting their partners during
61 early labour have been under-researched. This article reports the first qualitative interview
62 study to explore fathers' perspectives on early labour.

63

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66

67 Fathers' experiences of active labour and birth have been extensively researched. Men
68 report that being with their partner during labour and birth is personally important but also a
69 social expectation ^{11,12} and yet international research has identified that men feel
70 marginalised in labour and birth. ¹³⁻¹⁵ Men feel powerless and uncertain during labour ^{13,16}
71 and can experience fear, guilt and helplessness.¹⁷ Men may be forced to maintain a calm
72 exterior despite strong emotions in order to avoid worrying their partner during labour.¹⁵

73

74 Early labour has been neglected by comparison. The exception is research by Nolan and
75 colleagues ¹⁸⁻²⁰ who conducted a survey of men to find out how they experienced time spent
76 at home during early labour, what men did during early labour and how they felt. A particular
77 focus was levels of anxiety. The survey consisted mainly of forced choice questions or
78 questions that required a short written answer of a few words. The survey gives insights into
79 how male partners spend this time (making drinks and snacks, making their partner
80 comfortable, looking after children, making phone calls). ¹⁸ Many men felt anxious during this
81 time and some felt this was affecting their partner. ¹⁹ Some men found early labour to be

82 characterised by 'happy anticipation' while others 'endured' it, waiting to go to the hospital
83 (p15).²⁰

84

85 Men's active involvement with pregnancy and birth is a matter of NHS policy and for many
86 women in heterosexual relationships, their male partner is their main source of support
87 during this time. Dolan and Coe¹¹ suggest that social constructions of masculinity shape
88 fathers' experiences during labour and birth as well as the ways in which healthcare
89 professionals interact with them. The focus of this study is therefore on fathers' experiences
90 of early labour rather than those of birth companions more broadly.

91

92 **Participants, Ethics and Methods**

93 A qualitative, interpretivist approach²¹ was used to explore experiences of early labour from
94 fathers' perspectives. The study was funded by [removed to protect anonymity]. Ethical
95 approval was granted by [removed].

96

97 As this is an exploratory study, an opportunity sampling approach was adopted. A study page
98 was created on a free-to-use platform and the link shared on social media. Paper fliers were
99 designed in consultation with two service-user representatives and distributed in local libraries
100 and parent-and-child groups. Advertisements were placed in the local National Childbirth Trust
101 (UK national parenting charity) newsletter and the national newsletter of the Fatherhood
102 Institute (UK think tank). Fathers with children under 12 months were eligible for the study,
103 where their partners' labour had started spontaneously (not induced or planned caesarean)
104 and where birth was planned for an obstetric or midwifery unit.

105

106 Semi-structured topic guides were developed, informed by existing literature around early
107 labour. Interviews focused on preparation for labour, expectations and experiences of early
108 labour. See table 1. We further asked men what advice they would give to other expectant

109 fathers about early labour. Twelve fathers were interviewed between February 2015 and
110 January 2016 by [author 1] about their experiences of labour, with a focus on labour onset
111 and 'early labour'. Ten interviews were carried out face-to-face and two by telephone due to
112 travel times. Written consent was provided by all participants. For telephone interviews,
113 consent forms were returned by post. Participants were all living in England. Interviews were
114 carried out at a location of participants' choice. Of those interviews at the participants'
115 homes, three had a partner and baby in the house with them but not in the room, two had
116 their partner in the room with their baby. Interviews were audio-recorded and professionally
117 transcribed. Interviews lasted between 24 and 48 minutes, with a median length of 41
118 minutes. The interviews presented some challenges in terms of focusing the interviews on
119 early labour. This was due to a number of factors including how well fathers understood the
120 term 'early labour', how easy they found it to apply what they had learned about early labour
121 in practice, and the dynamics of the interview whereby fathers were interviewed by a female
122 researcher and mother. Detailed reflections on the interviews and the challenges
123 encountered are reported elsewhere (Author 1 2019).²² A sample of twelve was considered
124 adequate for exploratory research in the discrete topic area of early labour.

125

126 Most men who participated in the study were white, employed and in a long-term relationship
127 with the baby's mother. Two participants had an older child, ten interviewees were first time
128 parents. Attendance at antenatal education was not a criterion for participation but all but
129 one of the first time parents, had attended fee paid, non-NHS antenatal education. One first-
130 time parent had attended both NHS and independent antenatal education. One first-time
131 parent had no antenatal education. Participants' partners had planned hospital birth (8) or
132 birth in a midwife unit (4). Two of the latter group transferred to hospital during labour.
133 Interviews were carried out between 3 weeks and 12 months after the birth of participants'
134 youngest child. Interviews were professionally transcribed before being checked for
135 accuracy and anonymised.

136

137 Data were stored securely by Author 1, on a password protected computer and in locked
138 cabinets in a locked office. The research team combines expertise in social sciences applied
139 to maternity care (author 1) and midwifery (author 2). Both authors are experienced in
140 qualitative research and data analysis. [Authors 1 and 2] immersed themselves in the
141 transcripts to become familiar with the data. Transcripts were analysed using thematic
142 analysis,^{23,24} by hand, by both authors, guided by the research focus and sensitised by our
143 knowledge of the existing literature about early labour care, and fathers' experiences of
144 labour. Independent analysis identified similar themes and authors agreed the final coding
145 frame before author 1 applied this to the full data set. Key themes are reported below with
146 direct quotations attributed to participants using a participant number to preserve anonymity.

147 **Findings**

148 Participants included a mix of first- and second-time parents. The birth of their babies
149 was planned for either an obstetric or midwifery unit. All but one first-time father had
150 recently attended antenatal education, whereas second-time parents relied on antenatal
151 education received during their partner's first pregnancy and their experience of
152 childbirth. See Table 2.

153 **Preparing fathers for early labour**

154 Participants who had attended antenatal education were able to give an account of the
155 stages of labour, which closely resembled the stages of labour as conventionally taught:

156

157 *We were pretty much aware of latent stage of labour, active stage of labour and then*
158 *the delivery ... of the placenta [08]*

159

160 *Going through it all like at antenatal you kind of think like, you have your stage 1,*
161 *stage 2, stage 3...And it was like, oh yes, that's fairly simple. And I kind of thought*
162 *yes, just follow the stages and that will be it [01]*

163

164 Most fathers had internalised the message to stay at home during early labour; they learned
165 that labour can be protracted and that there is no need to travel to hospital straight away:

166

167 *We went through the fact that you can actually carry on doing fairly normal stuff when*
168 *you're in the very early stages...Watch TV, do some cooking, go in the garden...you*
169 *can sit back and relax because it's going to take its time...there was a very strong*
170 *emphasis on...you don't need to worry about coming in quickly. [02]*

171

172 This had countered impressions from the media of a need for urgency:

173 *we have this image of, probably through films and things like this, of people rushing*
174 *to hospital...we were prepared for things to go slowly, and we had all the time we*
175 *needed to pick up the hospital bag, call a taxi, and because we didn't have this sense*
176 *of urgency I think we were much more relaxed. [8]*

177

178 Not all fathers found the advice reassuring. Antenatal advice had established for some men
179 a worry about judging the right time to travel to hospital:

180

181 *with your first one you never really know when is the right time to go to hospital... you*
182 *don't want to waste people's time, so you're in this sort of trap of getting it right [05]*
183 (p5)¹⁹

184

185 Almost half (5/12) of the participants questioned the advice they were given about early
186 labour. Concerns centred on the unpredictability of labour and the perception that they were
187 being asked to 'do nothing' at labour onset:

188

189 *I found that a little bit too relaxed, you know...are we going to be stopped at the side*
190 *of the road somewhere having a baby? ... these things start going through your*

191 *mind....it's started, you know, surely...we shouldn't just be relaxing we should be*
192 *doing something now.[02]*

193

194 Only one father talked about the benefits of labouring at home for women and the process of
195 labour, information he had gathered from a pregnancy guide written specifically for men:

196

197 *you need oxytocin for the pregnancy process, which relies on you being safe and*
198 *secure and feeling comfortable. And I thought well the longer we can stay at home*
199 *the more the oxytocin is going to be there. As soon as you get out of the house it's all*
200 *going to stop, and by the time you get to the birthing centre, even though it's going to*
201 *be nice and lovely and everything, you're still going to have a bit of a dip where you*
202 *get anxious and the adrenalin kicks in or whatever. [12]*

203 **Fathers' role during early labour**

204 Fathers' saw their role as a supportive one:

205 *' Like I felt like I was more like supporting her just sort of being there and if she*
206 *wanted me to help like, like hold her hand and stuff, you know, I was there for her*
207 *[04]*

208

209 *'it's kind of you can only... you can't experience the pain, you can only do what you*
210 *can to help and comfort and reassure.'* [10]

211 Participants were often self-deprecating about their role, summing it up as 'a back role' [09].

212 A recurrent theme was the father as the one to 'carry everything' [07] or 'to do what I was
213 told' [03]. Some men were very aware of, in their perception, limitations to what they could
214 offer:

215

216 *I have more of a back role as a kind of ferry man essentially, and I knew that... once*
217 *we'd got there probably my role would sort of change again, but I wasn't sure what*

218 *that role would be. I had sort of feared being a bit of a third wheel essentially, and,*
219 *you know, in a way I probably was, but equally I wasn't needed to do anything, so I*
220 *think it was best for everyone concerned that I just sort of sat at the back and*
221 *behaved myself, essentially [09].*

222

223 Accounts of support often focused on logistical tasks such as providing refreshments,
224 running baths, keeping in touch with family members, packing bags, and driving to the
225 maternity unit. These tasks were seen by some fathers as specifically 'masculine':

226

227 *'all the male things to do: pack the car, get everything ready, run around the house a*
228 *little bit...that kind of thing' [07]*

229

230 *'I guess because of my makeup and character I was more worried about do we have*
231 *enough stuff in the bag; is the bag in the car; what's the route to the hospital? I kind*
232 *of took that part of the process that was mine and I was going to be responsible*
233 *for...I just wanted to make sure the bits I was responsible for were correct, that*
234 *there's petrol in the car, we know the route, we've got a bag of change for the car*
235 *park, you know, the bag's got water in it, it's got the charger for your phone, or*
236 *whatever it is, all the logistical bits were sorted and the rest would just come'. [03]*

237

238 Fathers' tasks more specific to labour were timing contractions and making telephone calls
239 to the maternity unit. Fathers used pen and paper or apps on their phones to time
240 contractions. Contractions however did not always follow expected patterns:

241

242 *I'd got a little grid system [laughs] trying to be really clever about it...apparently the*
243 *contractions are meant to be quite short early on and then obviously quite long in*
244 *active labour, but it just didn't seem to be anything like; contractions would last for 10*
245 *second and 30 second, back down to 5 second up to 40 seconds. So ... that was*

246 *like well I've got no idea, so [laughs] let's just phone the labour ward and see what*
247 *they say. [01]*

248

249 Men reported making the calls to the maternity unit as labour progressed.

250 *[Describing his role] Supporter, communicator, intermediary really sometimes*
251 *between the medical professionals and your partner. Communication is really*
252 *important I think because there's times when my wife couldn't communicate during*
253 *contractions [10]*

254

255 This seemed logical to them if their partners' were in pain or finding it hard to talk. However,
256 fathers' roles were often limited to making the call before passing the phone to the woman in
257 labour:

258

259 *I think she needed to rush to the bathroom so I think I ended making the call, and*
260 *then pretty much immediately once I got to speak to a human being they pretty much*
261 *immediately wanted to speak to her, so they weren't really willing to speak to me very*
262 *much, they wanted to speak to her.[06]*

263

264 Fathers appeared accepting of this practice although they rarely articulated the rationale for
265 this and it was unclear how well this was understood.

266

267 Fathers' found it difficult to apply their knowledge of early labour. What had seemed
268 straightforward in antenatal classes, was harder to implement:

269

270 *I wasn't expecting to be phoning the hospital three times, I thought...we'd find it much*
271 *easier to determine the moment when to call them. [08]*

272

273 There was little sense that fathers felt involved in the decision to seek admission. Although
274 most had invested time in learning about the stages of labour and hospital policies around
275 admission during antenatal education, men reported that they relied on their partner to
276 decide when to travel to hospital or midwife unit:

277

278 *I don't know if I had much of a view. I think I had much more of a, whatever makes*
279 *you comfortable. So at home, not comfortable and wanted to get to the hospital. So I*
280 *was keen to get everything ready and get off there as soon as we could. Sure in the*
281 *back of my mind I was a bit conscious that we might get there a bit early, but I didn't*
282 *voice that opinion because I'm not the one having the baby. [07]*

283

284 *I don't know how, honestly, I can't say whether I thought it was the right decision or*
285 *not, but it felt to me that if they had decided not to admit us it was probably because it*
286 *was still too early [08]*

287

288 Women's first-hand knowledge of labour and specifically pain, as well as their autonomy,
289 were cited as reasons for men to support and implement their decisions, sometimes over
290 and above the advice of healthcare professionals:

291 *it's their body at the end of the day, they're the ones who know themselves. I think*
292 *the whole early labour is just...go with what your partner tells you...they're the one*
293 *who is experiencing a physical aspect of the pregnancy, so they know better than*
294 *anybody else. They know better than the doctors and the nurses because it's them,*
295 *they're the connection with the child. [03]*

296 **The 'calm before the storm'**

297 'Early labour' was described as 'the calm before the storm' – a relatively unproblematic stage
298 of the process, a time to relax and 'go with the flow' [02]:

299

300 *Early labour is early labour, it's just the calm before the storm, so don't let it stress*
301 *you out. [07] (p7)¹⁹*

302

303 In addition to the practical tasks described above, self-care was an element of early labour;
304 several fathers had slept. This was seen as a positive act of preparation for a more important
305 role later on:

306

307 *We sort of decided that not much was happening...I thought I'd go to sleep for a little*
308 *bit because it could be a long day...I think that was a joint decision really that one of*
309 *us gets some sleep [6]*

310

311 *Did you tell me to go back to sleep then – I think you did didn't you? [to his wife]*
312 *It had only just started and we thought it was going to be hours and hours and hours*
313 *yet, one of us needs to be in a state to be able to drive us to the hospital. [12]*

314

315 *it's also my role to get some rest to make sure that I'm able to support her on the next*
316 *day [8]*

317

318 When asked what they would tell other men about this stage of labour, they minimised its
319 importance, describing it as a period of preparation and waiting:

320

321 *I wouldn't tell them to worry too much about early labour, as long as they're keeping*
322 *an eye on the contractions and how long they last for, I'd say I wouldn't worry too*
323 *much. It's all fairly straightforward and standard, and if any concerns just phone the*
324 *midwife. That's it really for early labour [01]*

325

326 *Not much goes on really [laughs]. The contractions are quite a long way apart, you*
327 *know, your wife or partner may or may not need you because there's not too much*
328 *going on. [11]*

329

330 Men's understandings of early labour presumed a greater role for fathers later in the process
331 but this was not born out. In common with previous studies, men reported 'feeling like a
332 spare part' once labour becomes more intense:

333

334 *I kind of felt useless, a spare part, because like she wasn't really acknowledging*
335 *me...kind of talking to someone but getting nothing back in such an intimate part of*
336 *your lives...it was fine at first because [partner] was still responsive, it was when*
337 *[partner] started to become unresponsive that I kind of felt, what's the point in me*
338 *being here? Because I'm not doing anything other than talking and she's not even*
339 *listening. [01]*

340

341 *I mean essentially during the second stage I was just sat there... she was in the pool*
342 *and I was sat behind her and I was just sort of passing her water occasionally, and*
343 *that was it, that was the extent of my involvement...and it was quite emasculating I*
344 *suppose in a way in that, you know, I was pretty useless [09]*

345 **Discussion**

346 There is global interest in the role of fathers in improving reproductive health.²⁵ Supporting
347 women in early labour continues to be a challenge internationally, where hospital birth is the
348 norm ^{2,26,27} and this challenge may grow if early labour is redefined to 6cm cervical dilation
349 as recommended by The American College of Obstetricians and Gynecologists.²⁸

350

351 This study provides novel insights into fathers' understandings of their role in early labour.
352 Fathers reported that, despite antenatal education about the stages of labour, they found it

353 hard to recognise the shift from early to active labour and so to know when to go to the
354 hospital. This echoes previous research identifying difficulties of identifying the stages of
355 labour in lived experience and knowing when to travel.^{5,6} However, our findings challenge
356 previous research where women have reported that their male partners wanted them to go
357 to their planned place of birth, sometimes when women felt they could continue to cope at
358 home.^{7, 9, 10}

359

360 Men minimised the importance of their role in early labour and yet provided accounts of
361 multiple practical tasks that they undertook. Overall, early labour was perceived to be the
362 'calm before the storm', a time when fathers might sleep, relax or complete household tasks
363 in preparation for a more taxing stage of labour. This presumed a greater supporting role
364 later in labour but, in common with other research,^{11,13,29} men reported uncomfortable
365 feelings of being 'useless' and a 'spare part' during active labour and birth. The study did not
366 provide evidence to support claims that men may influence women's decisions about when
367 to travel to place of birth,⁷ although there was some evidence that being advised to stay at
368 home was perceived as doing 'nothing' and sits uneasily with the male role.

369

370 This is the first interview study to investigate fathers' experiences of early labour and as such
371 provides more detailed accounts of their views, actions and perceptions. The metaphor of
372 the 'calm before the storm' provides a new way of conceptualising early labour and a tool by
373 which to interrogate fathers, and perhaps couples' understanding of the stages of labour.
374 The lack of clarity around early labour from interviewees and the relative 'emptiness' of early
375 labour as a category of experience – 'not much goes on' – might also prompt further critical
376 engagement with how information about the stages of labour are conveyed to users of
377 maternity services. Antenatal educators, midwives and other birth professionals might give
378 further consideration to how best to provide information that can be implemented by women
379 and couples making decisions during the first hours of labour.

380

381 The study is limited by a relatively small and homogenous sample. Further research might
382 usefully investigate differences in the experiences of fathers from different socio-economic or
383 ethnic groups.³⁰ The experiences of same-sex couples during early labour might also be a
384 topic of future research. Limited conclusions can be drawn about fathers' role in the decision
385 to travel to place of birth as data was only collected from fathers' perspectives. Further
386 insights could be gained from employing dyadic interview techniques,³¹ to interview both
387 members of a couple with the aim of understanding dual perspectives. This has potential to
388 explicate disparities between research into women's perspectives on decision-making in
389 labour and our findings and provide new insights into how decision-making occurs in
390 heterosexual relationships during early labour.

391

392 **Conclusion**

393 This study suggests that simple interventions to educate men about early labour and when
394 to seek hospital admission are unlikely to influence admissions, as men in this study pointed
395 to the primacy of women's embodied experience and autonomy and did not see this decision
396 as part of their role. Limited studies have so far examined the role of fathers in decision-
397 making during labour and birth³² a topic that raises complex ethical issues around parental
398 rights and maternal autonomy.³³ Our findings around how men see their role in supporting
399 women and whether they are entitled to influence women's decisions and practice may also
400 have implications for other public health approaches that seek to involve fathers in the
401 perinatal period, such as in breastfeeding.³⁴

402 The findings also suggest that midwives could support couples by endorsing the value of
403 supportive tasks fathers perform in early labour including 'being there' or managing
404 household tasks, reframing these as active contributions rather than 'doing nothing' until it is
405 time to travel to the place of birth. The study confirms that finding that men can feel 'helpless'
406 and lacking a role during active labour and suggests that there continues to be a gap
407 between policy and practice.

408

409 **Acknowledgements and Disclosures**

410 [Removed for anonymity]

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