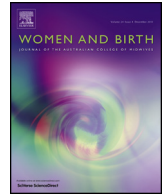




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ORIGINAL RESEARCH – QUALITATIVE

Puts the magic back into life: Fathers' experience of planned home birth[☆]

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ABSTRACT

Background: In Ireland, planned home birth is seen as an alternative but safe choice of maternity care. Women's experience of home birth is reported as positive but little is known about fathers' thoughts and feelings about planned home birth.

Aim: The aim of the study was to explore fathers' experience of planned home birth.

Method: Hermeneutic phenomenology was selected to explore the experiences of eight fathers whose partners had a recent planned home birth. Data were analysed using Interpretative Phenomenological Analysis (IPA).

Results: Themes identified were 'negotiating the decision', 'ownership of the birth' and 'changed way of being'. Fathers overcame their initial reservations about home birth before the decision to plan a home birth was agreed. They were actively involved with their partner in labour which gave themselves a sense of ownership of the experience and a valued post-birth intimacy. Their belief in natural birth was reaffirmed and the experience gave them a new perspective on life.

Conclusion: When men have a positive experience of childbirth they benefit personally and emotionally. This experience can strengthen their relationship with their partner and the family. Midwives are ideally placed to involve fathers actively in birth either in a home or hospital setting.

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1. Introduction

The World Health Organisation recognises the importance of fathers being involved in childbirth¹ but little information is available about father's experience of home birth. Most studies on fathers' thoughts and feelings of childbirth focus on hospital birth. A metasynthesis which explored the challenges men encounter in this environment reported that they are in a somewhat indeterminate role as they are neither 'patient' nor 'visitor'.² Fathers share their partner's experience of pregnancy and birth and try to be supportive but may feel excluded and helpless as the woman and baby are the focus of care. Men's experience in the hospital labour room is particularly difficult and both positive and negative experiences have been reported with the experience often

dependent on the midwifery care provided.^{3–5} In terms of postpartum care, it has been reported that fathers can feel excluded when required to leave the hospital after the birth and that hospital routines can hinder their early attachment to the baby.^{6–9}

Women who have a planned home birth report overwhelmingly positive experiences^{10–12} but there is a dearth of information on fathers' experience of birth at home. It is recognised that women planning a home birth discuss the place of birth with their partners^{13,14} and it has also been reported that fathers rely on their partners to have the required information to make the decision about having their baby at home.¹⁵ In terms of labour and birth, women who had a home birth described their partners as having an active role at the birth.¹⁶ Just two studies were identified which focused on father's experience of home birth. Lindgren and Erlandsson found that men followed their partner's lead in relation to the planned home birth but they valued remaining at home for the birth and being actively involved in what happened.¹⁷ Nilson and Hoy reported that fathers valued the midwives' expertise when a baby was born at home and they felt a shared ownership of the birth with their partner.¹⁸

[☆] This study was carried out by Siobhan Sweeney and supervised by Dr. Rhona O'Connell.

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We were interested in contributing to this area of research by exploring the experiences of fathers who had a recent home birth. In Ireland home birth services are provided by Self-employed Community Midwives (SECMs) and a few hospitals which offer a limited service. Under a national agreement, SECMs who sign a Memorandum of Understanding can provide a publicly funded home birth service whilst obtaining clinical indemnity cover for the care they provide. This enables SECMs to offer a home birth service to women who meet strict eligibility criteria.¹⁹ Home births are also provided under two hospital administered structures. In 2012, 176 women had a home birth facilitated by 20 SECMs and there were 53 home births through hospital administered services.²⁰ This represented 0.2% of all births.

The aim of this study was to explore the experience of fathers who had a recent home birth using Interpretative Phenomenological Analysis (IPA). Using this approach, we hoped to generate themes which would help us gain an understanding of fathers' experience of the home birth as they made sense of it themselves.²¹

2. Methodology

2.1. Hermeneutic approach

The experience of childbirth is a subjective and complex phenomenon to explore. We selected a hermeneutic approach to assist us interpret the phenomenon of fathers' thoughts and feelings around their home birth experience. The hermeneutic approach focuses not on achieving knowledge but on coming to understand the lived experience of the subjects.^{22,23} It has the capacity to transform lived experience into a textual expression of its essence through reflection and phenomenological writing. Through this the phenomenon can be described and the meaning of the experience understood.²⁴

The phenomenological approach demands a mode of data collection and data analysis that present participants' experiences precisely from their particular perspective and has the potential to provide a new insight into the phenomena of interest.²⁵ This enables the researcher to address, identify, describe, understand and interpret the essence of the experiences that the participants describe. Hermeneutics presupposes prior understanding on the part of the interpreter which are legitimate parts of being, thus recognising prior experiences of the researcher is relevant to the questions being asked and the subsequent interpretation of the data.²⁶

2.2. Participants

Five SECMs from one geographical area were asked to identify potential participants from couples whose births they had attended in the previous two to six months. Fathers were contacted by the midwives and those fathers who expressed an interest in being involved were provided with full information. The fathers were enthusiastic about the study and this was apparent when making arrangements to meet with them. All fathers provided a signed consent and anonymity was maintained by the use of pseudonyms.

Eight fathers were interviewed, at least one from each of the five SECMs. Five of the fathers were in their 30s and three in their 40s. Six fathers had a third level qualification. All had children prior to this recent home birth and their family size ranged from two to four children. Seven fathers had experienced a previous hospital birth.

2.3. Data collection

The interviews were informal and it was apparent that the fathers were eager to share their experience of the birth. Initial

questions were about the decision to have a home birth, fathers were then asked about their experience of the pregnancy and birth, before moving on to enquire about their post birth experience and impact the birth had on them.

The interviews were recorded in the father's home or a place of their choice and the duration ranged from 30 to 60 min. Field notes were taken before and after the interviews. The data were transcribed verbatim with pseudonyms used to remove any identifiable information.

2.4. Ethical considerations

Ethical approval was obtained from Clinical Research Ethics Committee of the Cork Teaching Hospitals which is recognised under Regulation 7 of the European Committee (Clinical trials on Medicinal Products for Human Use) Regulations 2004. Permission to access the midwives was provided by the health service manager for the community area. Consent was also obtained from the five SECMs who contacted the fathers on our behalf. Confidentiality was assured for both the midwives and the fathers interviewed.

2.5. Data analysis

Recordings were listened to repeatedly by the primary researcher and the transcripts were read and re-read to facilitate immersion in the data. Interpretative Phenomenological Analysis (IPA) was used to explore and understand the data prior to generating a thematic account.²¹ This involved a continual process of reflection on the data and on the interviews themselves. Preconceptions and initial ideas were noted and the fact that these ideas could be misconstrued was considered before the data were disaggregated into codes.

Data were coded line by line freely into descriptive and phenomenological codes.²⁷ This was organised into 75 coded sheets using MS Excel. The codes identified objects of concern to the participants, important aspects of the fathers' stories and their experience of those issues. Patterns, commonalities, language and metaphors were then examined.²⁸ Throughout this process reflection was a key component.²⁹ The second researcher read and re-read the transcripts and assisted with the analysis. Each step was discussed and debated to ensure that interpretations and themes referred to the core of the fathers' narrative. Agreement was reached when the themes and subthemes were decided.

3. Findings

The three overarching themes that emerged from the data were 'negotiating the decision', 'ownership of the birth', and 'changed way of being'. Ten subthemes were identified. Where quotations are used the line numbers from the transcript is presented in brackets.

3.1. Negotiating the decision

Two fathers had previous experience of home birth and reported that the decision to plan to have a home birth again was easy for them. For the other couples, it was the woman who introduced the idea and the fathers needed to be convinced that home birth was safe.

3.1.1. Forming opinion

According to the fathers, the decision to have a home birth was prompted by a search for an alternative birth experience following a previous hospital birth. Most fathers knew very little about home

birth and were surprised when the issue was raised. As Henry stated:

I mean I heard of it but couldn't believe it, so crazy as to do it. . . I thought it was the maddest thing in the world, I couldn't see any sense in it, I thought it irresponsible, I thought it was a selfish thing on the mothers' part. . . as there's a child to be thought of. (98–101)

These fathers required convincing that home birth was safe and as Henry went on to say: *'it's only when you do research and look into it you see what the truth is.'* (103)

Nevertheless, these fathers were open to exploring this option with their partners and together they sought further information. They sourced material on the internet, watched YouTube videos, attended seminars on childbirth and met with couples who previously had given birth at home. The fathers were reassured by the information they received but it was the initial meeting with the midwife which helped give them confidence that this was the right decision for them, as Henry stated: *'what we liked about the midwife was that she's very practical. . . I really liked her, she addressed every issue that I had and she said, 'you just have to decide.'* (38–40) This was reiterated by Jim who stated that the midwife: *'outlined some of the things that can go wrong in a birth and how they would be managed in a home birth. . . there were balanced views.'* (69–71) Despite this, some fathers remained somewhat reticent, because as Jim later stated, *'I would have been hard on myself if something went wrong.'* (357)

3.1.2. Influences and attitudes

Once the couple had resolved to plan for a home birth the fathers continued to confront difficulties. This was a particular problem if those close to them were unsupportive. As James stated: *'The grandparents and mother in laws and all were horrified, which put extra pressure on us.'* (118–119) Family and friends could be quite judgmental and some couples choose not to discuss their plans with others. As Barry stated: *'We didn't tell some people at all 'cause people just go. . . 'oh no you don't want to be doing any of that silly home birth stuff, just go in to the hospital and let them do it.'* (100–102)

Under the terms of the home birth scheme, the couples were required to make one visit to a maternity hospital to meet with a consultant obstetrician. As James explained this was not always a positive experience: *'of course they gave us the doom and gloom, I came out of that saying 'Look are we sure we want to do it?''* (18–20) Jim had a similar experience and stated that: *'I could see how somebody could easily back out at that point.'* (79–83)

The concerns were later overcome through their continued interaction with the midwife. All fathers engaged with the midwife throughout the pregnancy and found her expertise reassuring. The men who had prior experiences of home birth required less reassurance. The others had to work to maintain their conviction that this was the right decision for them as a couple, despite the negative reaction from those around them, including some health professionals.

3.1.3. Fear of intervention

Six of the couples had previous experience of hospital birth and this was a key element in the decision to plan a home birth this time. Henry, who had no complaints about their previous hospital birth, was still concerned, as he explained:

you do feel a little safer (at home). . . I observed for example the increased amount of caesarean sections, I won't go into whether they are necessary or not, but I suppose I feel. . . that there is a chance of more intervention (at the hospital). (314–317)

For other fathers a previous negative experience was a motivator for choosing a home birth this time around. Fathers recalled the trauma suffered by their partners during the labour and birth but they also dealt with the aftermath of this experience when their partners were home. As Jim stated: *'We had the oxytocin, Niamh described it as being like a caged animal, she had the drip I/V on, she had the monitor on, and there was a cut, an episiotomy, which she struggled greatly with, recovery wise.'* (41–43) This was also reflected by Fintan who explained that his partner: *'didn't heal for more or less a year; she had pain even after 9–10 months later as a consequence of the delivery itself.'* (28–29)

The hospital was also described as an impersonal place, as Barry stated: *'That's the way the system works, so many people in, so many people out, so everything is on a clock. . . we really don't want to be in that situation again.'* (44–49)

For some couples the decision to have a home birth was easy as they had previous experience of home birth but as the pregnancy progressed both reticent and enthusiastic fathers became more committed as Fintan explained: *'In the end. . . we were 100% sure, this is what we need, this is what we want, there was no doubt at all.'* (190–192) For all couples the decision to have a home birth was a joint one. Some fathers continued to hold anxieties but felt that they had to trust in the decision and not worry unduly about potential problems.

3.2. Ownership of birth

Once labour commenced and the midwife was in attendance the fathers felt at ease. The fathers were actively involved mentally and physically in supporting their partner through labour and birth. The birth itself was described as *magical* but also important was that they experienced a special time with their partner and new baby after the midwife had left.

3.2.1. In our own space

All fathers spoke of the enjoyment of remaining at home once labour commenced but Fintan voiced concerns that the midwife might not arrive in time: *'I felt all that responsibility on my shoulders. . . the real situation. . . probably in the moment it would have been just frightening. . . or scary.'* (75–82) Once the midwife was present, the fathers felt that they could relax and as Mark stated: *'When you are in your own home, you are in your own space.'* (207) He later explained how this made him feel: *'you are not in a strange environment so your stress levels are a bit lower, so definitely a positive impact both physically and mentally.'* (236–237) Henry also spoke of being in his own space: *'there was no one there. . . nobody was bothered. . . I was at home, in my own space.'* (443–445)

The fathers supported their partner with little intrusion from the midwife. As Jim identified: *'the midwife very much left us to ourselves but would pop in every 15 minutes, just to check the heart beat and see how we were getting on, which was nice just to be in our own space. . .'* (92–95).

As labour progressed, the fathers remained engaged with the birth and as Barry stated: *'we felt that it was our birth and the midwives were supporting rather than 'doing'. . . we felt we were controlling the whole process, and they are supporting, making sure everything was going ok.'* (231–236)

For all fathers, the midwife's presence was important as Mark explained: *'She's quiet, she's calm, you wouldn't even know she was there. . . just completely reassuring.'* (259–260)

The fathers valued the experience of being with their partner in labour. They were pleased to be able to provide ongoing support to their partner and appreciated that the midwife respected their presence when she remained in the background.

3.2.2. Active birthing

All fathers were actively involved with their partner as she laboured and gave birth, as James stated: *'I was a lot busier at home than in hospital. . . I was thrilled though because I felt much more involved. . .'* (98–99) The men used vivid descriptions to describe the birth and at times it appeared from their dialogue that they laboured together with their partner, as Barry explained this:

we felt it was our birth, not somebody else dictating. . . we felt we were like partners in what we were doing, she was the primary and I was like the co-pilot or a navigator as she was doing most of the work and I would help. (148–153)

This working together through labour and birth was also reflected by Jim who stated that: *'It was nice that she relied on me a lot in terms of physical support, leaning on me as the contractions came down.'* (285)

The fathers were involved throughout the labour until the moment when the baby arrived, as Mike described it:

it was pressure, apart from the last couple of seconds, other than that it was pressure, we handled it pretty well I thought, I was delighted and yeah I was hands on with those hypobirthing things, I had to play my part I was keeping her calm. (95–98)

Barry was also actively involved as he explained: *'the fact that I was physically able to help her at the bearing down stage was really brilliant; you feel very much linked into the whole thing . . .'* (232–233)

Nevertheless, the fathers remained alert for any signs of concern as Jim reported:

I could see the midwives looking at each other wondering 'what's happening here' and obviously I picked up on that, it did make me a bit nervous at that point. I was conscious not to display a level of nervousness. . . 15 minutes later, all the worries were gone when he (the baby) came floating out of the pool. (172–176)

This father was aware that if a hospital transfer was required he would have to support his partner in making this decision. Even though it had been a joint decision to have their baby at home, the fathers continued to feel responsible for the decision, as James stated: *'I've seen what can go wrong . . . I don't know if you would ever be able to forgive yourself, that was always in the back of my mind, if something went wrong . . .'* (116–118)

In all cases these couples had the home births that they had planned but it must be acknowledged that if a transfer to hospital had been required the experience of these fathers would have been different.

3.2.3. Putting the magic back into life

The language the men used to describe the birth indicated how much the birth meant to them. Mark described it as: *'Magical, magical to see life happening, to see a baby growing in your partner, coming to life, been born. . . is just, it's mind blowing, it just puts back the magic into life.'* (174–175) Henry saw the beauty of the event: *'There's a beauty in life, the force of life, is amazing'*. (283–284) For Barry it was: *'that sense of awe and wonderment. 'We've helped bring this child into the world together and it was just a very moving moment. . .'* (217–218) Mike was so elated that he felt that *'I could have jumped over the house. I was delighted at everything, feeling the cord pulsating and letting it stop before it was cut and stuff like that . . .'* (124–127)

This joy at sharing in the birth of their child was a unique and meaningful experience for the fathers; they shared the experience of their partner and were conscious that they had contributed to the wonderment of their baby's arrival into this world.

3.2.4. In a cocoon

What was interesting in this data was how the fathers valued the time following the birth after the midwife had left. Barry considered this a special time and stated: *'We didn't have to go anywhere and the hours after the birth were just magical. You were in a little cocoon, safely away from the rest of the world, in our own little bubble and it was just phenomenal. . .'* (361–363) Fintan saw it as a time for bonding: *'That was five hours of really intense time for the four of us together, to work on this new life, this new family member, it was just a fantastic feeling.'* (303–304)

The fathers enjoyed introducing their other children to the newest member of their family: as Jim described this: *'look there is someone here to meet you', amazing, we were just ecstatic.'* (252–253)

The fathers valued the strong bonds and positive memories that were being formed following the birth. Hearing the language the men used as they related their experience of this birth made us reflect on the contrasting language they used to describe their earlier experiences of hospital birth.

3.3. Changed way of being

It became apparent that the home birth experiences had changed these men. For some it confirmed their existing belief in natural birth, others felt empowered by the experience and other men developed a greater sense of openness. Many felt their relationships with their partners were enhanced and all fathers appreciated the personal journey that the home birth had brought them on.

3.3.1. Confirmed belief in natural birth

The fathers became quite reflective when they considered their initial reservations to home birth and how the experience had changed them. As Fintan stated:

It's a good reminder there are things we cannot and shouldn't control. . . in fact birth is probably one of the most important things, to give life to the next generation, you're not really supposed to control the natural by artificial ways. . . (407–409)

Some fathers now saw hospital birth quite differently, as Mike explained:

The gas nitrous oxide, the epidural and the whole works and it just can't be good can it? It's all right for me to say, it's the most natural thing in the world, a, typical man's attitude. Still at the same time it's true. . . (160–164)

The fathers developed a respect for childbirth, as Henry stated: *'I think it helped me to understand maternity a bit better and a woman's role in childbirth and the importance of leaving her, respecting her wishes.'* (147–148) This is an interesting comment and reveals how the experience of home birth had challenged Henry's attitudes towards birth, including women's role in the process.

For the fathers who had been reticent about home birth, they now saw it differently and for the others who had been more enthusiastic; it confirmed to them that their beliefs were correct all along.

3.3.2. Strengthening relationships

Father's whose partners had previous traumatic births saw the positive effect of this experience for their partner. As Fintan stated *'In the end its not only about delivering the baby, it's about the how. . . and I think it's also important about how mums' feel, making the mum feel involved you know, trusting her own body . . .'* (217–218)

All gained respect and admiration for their partner and as Barry stated: *'For me to watch her going through that and to be able to help her through that even though it was horrendously difficult at the time, is a great source of pride for me...'* (437–438)

The experience had also strengthened the men's relationship with their partners as Barry went on to explain:

I think from a relationship point of view I'm closer to my children and to my wife... because we've gone through that journey together... So I feel like it's been a rock, a foundation for the relationship. The relationship we've built and these are like pillars that anchor it down again...' (424–429)

Fintan reflected on the trust they had gained as a couple *'I think relationship and trust; they are key words in home birth...'* (98)

The experience strengthened these fathers' relationships with their partner and it deepened their understanding and respect for their partner's role in childbirth.

3.3.3. Openness and fulfilment

The fathers went on to talk about how this experience had changed them in other ways.

Henry reflected on the journey he had taken: *'There's a sense of fulfilment about it. Thank God I hadn't continued to be so pig headed and insistent that there was no way we were going to have this child at home...'* (430–435)

Barry explained how this experience would stay with him:

no matter what troubles come through, nothing really can compare to that (home birth), if ever... things are tough or stressful, you can always just go back to that moment and feel that nothing else really matters in comparison to it. (429–503)

He also spoke about how the experience had changed his outlook on life: *'I'm more willing to engage now and accept new ideas because before everything was black or white. It was very much, there is a right way and a wrong way to do things, but now it's more degrees of grey.'* (503–505) James also reappraised his attitudes in life: *'All that natural stuff that I would have poo pooded, stuff like fennel tea, different oils, all of that was just superb, superb...'* (159–160)

The experience encouraged Fintan to take a new look at his life: *'We just forget about what should be natural and this is something that I always had in my mind but just slipped away because I found other things that might be more important. Being and being natural is a priority now...'* (340–345)

All the fathers recognised that whilst the experience of home birth had been transformative for them, they were also aware that this route may not be for everybody, as Barry stated: *'It is something that we are extremely passionate about... I will talk to people who want to listen about it but I'm not going to force my views on people.'* (457–460) The fathers were willing to talk to other couples considering a home birth but were cautious when sharing their experience with others.

For some fathers, the experience had opened their minds to alternative ways of living while for others it reaffirmed their beliefs in nature and natural ways of living. They could see the journey they had taken that had been good for them and strengthened their bonds with their family.

4. Discussion

Men have become commonplace at birth and even though there is increasing interest in fathers' thoughts and feelings surrounding birth, it remains an ambiguous time. Fathers find it difficult to engage in the birth process, not only because of biological barriers but because when birth takes place in hospital they may feel sidelined and ignored by maternity staff. Fathers need convincing that homebirth is an option for them and in this study it took

considerable time for some of these fathers to overcome their reservations. As the pregnancy progressed and the men became more involved in the preparation for the birth, they all felt reassured that this was the right decision for them as a couple. Although they were actively involved in supporting their partner, they maintained a sense of responsibility for the birth and their partner should anything go wrong. Much of the findings from this study are similar to that reported by Lindgren and Erlandsson¹⁷ in terms of fathers' experience of home birth. What is new in this study is that residual anxieties remained with some of the men who felt responsible for this decision which continued until the baby was born. They felt tension at times during the birth, being watchful of the midwives, being prepared to support their partner if hospital transfer was required, while remaining actively involved throughout. They kept this nervousness to themselves, not wanting it to affect their partners.

This study also demonstrated how this birth experience had changed these men and gave some fathers a new outlook on life. There is a growing interest amongst policy makers in how fathers are adapting as a cultural group to their altering social and economic role in society and redefining their place in the family.^{30–32} The WHO¹ recognises the importance of fathers becoming involved in all aspects of parenting and there is evidence that becoming a father can be beneficial to men's health and have a positive influence on men's lifestyles.^{33,34} Though our interviews were conducted with fathers just six weeks after the birth of their child, it was evident that this experience had a positive effect on them, at least until this point of time. It is not clear how long this euphoria would last but one father felt that this experience would sustain him through any stressful or difficult times he might encounter in the future. This experience strengthened the men's bonds with their family, it enhanced their relationship and respect for their partner and gave them an heightened appreciation of the importance of the family.

It must be acknowledged that all fathers who participated in this study had planned home births, as intended, and were willing to be interviewed for this study. If any of the women had transferred to hospital in labour or had an adverse outcome, the experience of these fathers would have been very different. Another consideration is that all fathers were from one geographical region where the Self-employed Community Midwives have a strong base and a good reputation. It is not difficult for some women to avail of this planned home birth service in this area.

5. Conclusion

This study suggests that home births give fathers greater involvement in, and ownership of the birth experience and fathers can be positively impacted emotionally as a result. Midwives need to consider the importance of encouraging father's active involvement in the birth process and how the birth experience can change men's lives. Midwives are ideally placed to support men at birth.

Ethical statement

Ethical approval was obtained for this study from Clinical Research Ethics Committee of the Cork Teaching Hospitals, UCC this is a recognised Ethics Committee under Regulation 7 of the European Committee (Clinical trials on Medicinal Products for Human Use) Regulations 2004 and the Department of Health in Ireland.

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