

The Value Of Including Husbands/Partners In Pregnancy And Labour Massage

INTRODUCTION

In a society that prides itself on its attitudes to equal opportunity and political correctness, we seem to be tied in to the idea that pregnancy is purely a “feminine” issue, and the impression that the male’s involvement ceases at the time of conception, and in occasional visits to the antenatal clinic with his wife. Luckily we have come to accept the presence of the father or partner (male or female) within the labour ward. However this may be dependent on the culture in which the woman is having her child (Dragonas T G, 1992). In many cases the father (hereafter referred to as the father) is not an integral part of the pregnancy process, and in this both the pregnant woman and the father may be losing the chance to grow together. With a loss of contact between the partners, the possibility of them both becoming more “connected” to their child lessens (McGill H, Burrows V L, Holland L A, Langer H J, Sweet M, 1995; Dragonas T G, 1992; Conner G K, Denson V, 1990; Drew N C, Salmon P, Webb L, 1989).

At the completion of my course in pregnancy, labour and postnatal massage I enrolled a number of pregnant volunteers willing to be case studies, to enable me to complete the requirements for the APNT Diploma. I explained to all the volunteers that I would require them to attend for at least four sessions, and that although all their information would remain confidential, I would need to write case study notes for submission as course requirements. I further explained that as part of the study I would appreciate the involvement of their husband’s or partners if that was possible. I was surprised at the response, although all of the women attended as volunteers; four of the six were keen to take part in the study in order that their partners **would** be involved. The other two volunteers had husband’s who were working long hours, or were offshore, and therefore unable to attend, although both of them said that they wished they had been able to as it would have helped them (the partners). In the case of the four other volunteers all stated that they felt that their partners were feeling “left out” or “helpless”.

One client (DM) stated that her husband was driving her crazy “trying to find things he could do to help”, and reading a number of books, which only lead him “to get even more twitchy”. DM went on to add that his having access to the internet only exacerbated the problem, and she had finally had to ask him not to look at any further information, as a result of which he felt even more useless and

excluded. DM felt bad for discouraging him in this way, and hoped that if he had a “job” to do he would be less anxious and “annoying”.

ME, another case study echoed this attitude when she attended for massage. In the case of ME’s husband (JE), he was getting anxious and had increasing feelings of vulnerability and uselessness as her pregnancy progressed, and there was no “job” for him to do. In the case of JE, his anxiety about his wife and worries about what could go wrong with the pregnancy and birth, lead to him having pains and pins and needles down one side of his body. JE had consulted a neurosurgeon, but was advised that his feelings were most likely a physical manifestation of his anxiety about his pregnant wife. JE often commented that he felt bad that ME had to have all the physical symptoms, and that there was little that he could do to help her.

As a result of my talks with the clients and the progression of the massage sessions I came to realise that by including the partner, and in giving him responsibilities and “jobs”, I would be directly and indirectly helping the mothers. Pregnancy, to some healthcare providers, is seen as a medical condition, one that is regulated through visits for scanning, attending doctors and a system of “routine care”. Massage in pregnancy is an aid to enable the women to “reclaim” their lives and their bodies, enabling them to make it as positive an experience for themselves, their husbands and their child as possible. Involving the partners and giving them a role in this experience is not only helping them to establish a better relationship and communication with their wife, but also to allow the wife to stop having to worry about how she is going to make the husband feel involved. In all four cases described the women said that they had had to spend considerable time reassuring their partners and trying to help them feel involved and “connected” to the baby.

The problems experienced by JE and DM are not unusual and anecdotally many pregnant friends and relatives have commented on similar experiences and situations. A number of studies have been carried out by the health care professionals and researchers looking at the father involvement in pregnancy and the differences it can make to both the pregnant woman, their husband/partner and, in turn, their relationship with the child. Studies are in progress to assess the effectiveness and appropriateness of healthcare involvement and provision.

HEALTHCARE RESEARCH AND STUDIES

Healthcare Involvement

A number of studies have been carried out to assess and understand the needs of healthcare involvement in antenatal and postnatal care. McVeigh C A (2000) stated that healthcare providers need to “assess the social support needs of their clients. Other studies have made a comparison between the perceptions of childbearing women and midwives about what determines quality in maternity care. The study by S Proctor (1998) found that: “Key differences included underestimating the importance of information antenatally and postnatally, the importance of continuity during labour, need for control and confidence in adjusting to the maternal role, and involvement of the woman’s partner in the delivery of care”.

It would be wrong to suggest that midwives, obstetricians and healthcare providers are completely out of touch and unaware of the pregnant women’s needs and wants. They are in contact with the women and their partners at various stages of the pregnancy, but hospital rules, regulations and time management may make them appear less sympathetic than they really are. A study by N C Drew, P Salmon and L Webb (1989) showed a high correlation of agreement between the obstetricians, midwives and mothers on their views on the features of obstetric care influencing satisfaction with childbirth. In this paper they show that, second only to information provided and explanation of procedures and the involvement of mothers in choosing them, was “the support from the presence of a partner and qualified hospital staff”. Physical comfort of the postnatal ward came third and the avoidance of obstetric interventions such as episiotomy or use of forceps was further down the list of important factors to consider.

Father Involvement

One study on the family processes within three-generation households and adolescent mothers’ satisfaction with father involvement (Krishnakumar A, Black M M, 2003) showed that there was a correlation between the grandmothers belief that the two young parents had a positive relationship, and the partners reporting a positive partner relationship which in turn had lead to high parenting efficacy and satisfaction with father involvement. T G Dragonas (1992) made a study of Greek fathers’ participation in labour and care of the infant. He found that only 10% of the sample attended the

delivery, but a great number of the non-attenders attributed this to official hospital policy. Dragonas found that of the fathers who did attend the delivery they “reported that their attendance resulted in a closer emotional bond with their partner and newborn”. Those fathers who had attended the birth were also more actively involved in childcare e.g. walking the infant, bathing and changing diapers. 92% looked forward to coming home to be with their wife and newborn.

Conversely, the lack of involvement of the partner can lead to difficulties. As has been shown in the case of postnatal depression, the factors which has the greatest association with high depression scores are depression before the birth, deterioration in the relationship between the pregnant women and her partner after the birth, lessening of confidence, energy and happiness levels after the pregnancy (McGill H, Burrows V L, Holland L A, Langer H J, Sweet M, 1995). The conclusion of this study suggests that: “*Involvement of male partners in the treatment process is highly desirable*” (italics added).

The study by G Frauenheilkd (1983) shows clearly the changing attitude and responsibility of the couple on the growth of the baby, issues which were raised by the couples attending for pregnancy massage. “The first six months of the pregnancy are characterised by a growing responsibility of the parents for each other but also by new conflicts in the relationship between the partners. The involvement of the male partner is higher when there is a higher desire for conception and parenthood. He quickening is an important event since the fetus is now thought of more and more as a baby and pregnancy is more openly admitted in public”.

Pregnancy and the Fathers

“Becoming a father is a major step in a man’s life. It can also be a daunting one. Yet it is an experience usually treated as insignificant in comparison with that of becoming a mother. As a result, the stresses on the future father are little understood, and men are not prepared for the impact of pregnancy”. (Kitzinger S, 2003)

Pregnancy brings many changes, not least that of a change in financial circumstances. For the women, the change has been happening from the moment of conception, and is something she has lived with and adapted too over the nine months. This is not to say that it is not difficult for her, but for the bearer of the child the physical changes and the movements within her are a constant reminder of the new

being that is about to enter her world. For the father, this is not an easy adjustment to make. The role of the father has changed over the years, they are now expected to be more involved, but some of the same anxieties exist for example that of financial concerns and changes in relationships and roles. The feelings of protectiveness the father feels towards their pregnant spouse can in itself produce anxiety (as was seen in the case of JE and ME). Many fathers may have fears about the health and development of the baby (but feel that it would indicate weakness for voice these views, or simply that it would worry their pregnant partner if they said what was worrying them). This can lead to problems in the relationship with the pregnant woman, who due to hormonal changes, many not be thinking too clearly and who may misinterpret the “signals” being given by the father / partner. Communication is of the utmost importance.

Fathers may exhibit signs of jealousy, at being displaced in their partner’s affection, or simply for losing the closeness of the relationship. The simple situation of the female breastfeeding the newborn can make the father feel that he is outside the circle of the family. Some suggest that it is not so much jealousy of the child, but the very fact that the woman is able to carry a child. It could also be that the father finds that his partner is always tired and may not wish to have sex, or is in no fit state to make “adult” conversation, her full concentration being on the baby – if communication breaks down too badly, this could lead to difficulties and feelings of rejection on both sides.

Luckily things have changed and the fathers are, in most cases, much more interested in being involved. Fear can be a great restraint on fathers not being involved with the pregnant woman. Fathers may be worried that they will hurt their wife, and they are worried that they will do something that will harm the baby, or bring on miscarriage.

The Role of Pregnancy and Labour Massage and the Fathers

The Aberdeen Royal Infirmary (ARI) Maternity Ward has a rule that only one person is allowed to attend with the pregnant woman in the delivery room – preferably the father or if this is not possible then a member of her family. No outside clinician or therapist is allowed in, due to insurance issues, this was unlikely to change. Given this situation what was important to my volunteers was to use the availability of massage to help them through the pregnancy in the best possible way, and more importantly to some of them, to involve and encourage their partners to take a more active part in the pregnancy process. I decided, on consultation with my volunteers, that an important factor would be to

“train” or enable the father to perform elements of massage, exercise and energy techniques, which would help both parties in the delivery room. The four volunteers spoke to their partners and they agreed that they were not only willing, but keen, to take part in the massage. It was then decided between us that the massage session would last one and a half hours, involving the partner for the last half hour. As the pregnancy progressed, I allowed for extra time at the end, so some sessions lasted longer, depending on how the volunteer herself was feeling.

Benefits of Massage

The benefits of massage to the pregnant women and her partner are (as set out by S Yates in Shiatsu for Midwives, 2003):

- More likely to tune into her pregnancy – and therefore look after herself, pace herself, prepare for labour
- Can deal with the ‘complaints’ of pregnancy, both major and minor
- More in touch with baby
- More able to trust in birth – that she can do it
- Helps mother to cope with pain
- Helps promote an easier postnatal recovery
- More likely to have a normal labour
- Can promote a positive relationship with her partner, who can be more involved in pregnancy, labour and postnatal period
- Promotes long-term health

CONCLUSION

Having looked at the studies and consulted with the volunteers, I concluded that if I was to make the father an integral part of the massage sessions and make the pregnancy a more positive experience for them both I would need to design my therapy sessions taking all this into consideration.

Bearing in mind all the advantages that the couple could attain from the massage I designed the treatment loosely on the following format:

1. Depending on the stage of the pregnancy I introduced the idea of gentle exercise and breathing techniques. With time I included the father and taught him how to work with the expectant mother. We used gentle movement and exercise techniques including use of the exercise ball, an item which most of the women had used before and some even already had at home. The fathers were instructed on things to be careful of (such as positioning of the woman's back and posture) and suggestions made on how they could help the expectant mother to get the best of the exercises.
2. I encouraged the couples to carry out some energy work, and as the pregnancy progressed worked with energy techniques in the hip and sacral areas and as we got further on in the pregnancy, with use of the ball, or on all fours, work with applying pressure and working into the foramen in the sacrum.
3. All of the couples were shown, and encouraged to practise breathing techniques and visualisation, which as we got closer to the delivery date became more focused and the use of reflex points demonstrated and practised.
4. Massage sessions were based on the stage of the pregnancy and the needs for care at certain times i.e. first trimester - avoiding working with lymphatics and taking care to work gently and not too deeply; second trimester - watching for signs of problems such as pre-eclampsia and SPD; third trimester – bleeding which may suggest placenta abruption, placenta praevia and SPD, taking care to avoid supine hypotension.
5. Specific massage techniques were used based on the particular needs of the expectant mother (see case notes for DM, ME, IM and EB for details). As a number of volunteers were still at work, there were the problems of backs, necks, tightness in the shoulders and swelling due to the lack of movement and heating.
6. Energy techniques were used to help calm and release any muscles that were tight.
7. The volunteer's partners were taught simple techniques for releasing and massaging the particular areas affected on the expectant mothers. Energy techniques were used as an integral part of this, as was the use of breathing for both the massager and the person receiving the massage.
8. Relaxation, breathing and visualisation were used by the therapist and taught to the partners for him to practice at home. The clients were shown how to work with the governing and conception vessels and using the heart/uterus and head uterus to connect them to not only their partner, but to the baby.

9. Time was set aside at the start of each session to get the woman's feelings and opinions before the father arrived and also again with the father in order to get feedback from him, and to give him encouragement and to let the two of them communicate in a "safe" environment where the comments would not be seen as criticism, but as a way to better the experience they were having. I also told them to be guided by the expectant mother; she would soon tell them if they were not giving enough or too much pressure.
10. Finally I included an extra session in which the father was given a massage himself – this was to help him relax before the birth, and also to give him an appreciation of the effects on his partner, and to better understand the techniques and pressure in use.

Volunteer's Feelings and Comments

The responses of both the volunteers and the fathers were all positive. Most of the men admitted that at first they were really nervous about what they were doing, and had been too scared to carry out some of the massage, pressures and energy techniques. However, being able to come back and revise any doubts they had gave them the confidence they needed to continue. Most were surprised that, despite their initial doubts, they really enjoyed the energy work and especially the connection they felt they had with the baby as well as their partner – DM's husband RM said that it "made it real, it is a real person" they even gave it a fun male/female name as they felt it was no longer right referring to the "bump" as "it" or "the baby".

The partners found that they benefited from the session they were given themselves, as it helped them understand the effects and benefits it could give to their partners.

All of the volunteers and their partners found that they talked more due to "working" with each other, and generally enjoyed each other's company. The massage and energy work introduced an element of fun into the pregnancy and the partners said that at last they felt they had a job to do and were more involved with the pregnancy. Some commented that they wished that the massage and treatments had been available sooner to them. One partner (JE), who was able to talk about the results postnatally, said that the massage had helped all through the labour, and that at no time had he felt panicked or worried about what he was doing as he practised it so much at home, and he was used to, and able to, adapt to the situations as they changed.

Therapist's Feelings and Comments

I found it rewarding working with both the pregnant women and their partners. Most of the time, in the work that I do I am concerned with people who are recovering from injury, or who are unwell and helping them back to full health. In the pregnancy massage I found it was amazing how well the women responded, and the benefits they felt. It was especially rewarding to hear how well the deliveries had progressed and JE and ME in particular felt that the sessions they had with me had helped immeasurably at a time which could have proved very stressful and distressing for them. As it is, they are hoping to have another child in the not too distant future, and hope that they will be able to attend for massage sessions at an earlier date. It was wonderful to see the results of the work put in by everyone, not least the mother, when they come to the shop to show us the new arrival.

I found the preparation of written notes for the couples essential, and with the help of the volunteers who attended as case studies I hope to prepare a package, which the couples can take home for consultation. In it would be exercises, information about the massage and techniques, explanations of why they are used, and any other details the couples feel would be necessary.

Most importantly I have discovered how effectively massage can help bring a couple closer, not only to each other, but also to the baby. As many studies have found, making pregnancy a more positive experience for all can do nothing but good for the family in the future. For example JE is using energy techniques with his baby to help settle her when she is fussing and ME finds that he is more tactile and less nervous – “almost as if he has been handling her for some time, which I suppose he has with all the massage we did with my tummy and the holds we practised”. I hope to continue on and attend the baby massage workshop, enabling me to take parents even further, and at least three more couples are keen for me to do so.

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