Literature Review

Fathers’ Experiences of Traumatic Childbirth: A Focus on Emergency Caesarean Section
Abstract of Literature Review

Aim: To collate and critically analyse the literature surrounding fathers’ experiences of emergency caesarean section and to consider how exploration of this mode of delivery may inform more competent midwifery practice and aid future clinical research.

Background: A variety of familial benefits are associated with the involvement of fathers in maternity care however; it has been demonstrated that paternal psychological distress can negatively alter these effects in the incidence of a traumatic childbirth. Emergency caesarean sections are birth interventions which have been associated with emotional distress and the unintentional exclusion of fathers throughout childbirth. The majority of fathers’ personal accounts of the latter are related to the context of women’s experiences of traumatic childbirth. Thus, fathers’ needs throughout emergency caesarean section have largely gone unrecognised in the past.

Methodology: An extensive search of three electronic databases was conducted to retrieve relevant articles relating to fathers’ experiences of emergency caesarean section. Inclusion criteria were: primary research articles, publication within the last ten years (2004 to 2014), peer-reviewed articles and articles written in the English language.

Results: Ten research articles met the criteria for inclusion within this review. Three recurring themes were generated from the literature and formed the foundations for presenting this literature review. The three major themes were: (1) the emotional complexity of emergency caesarean section, (2) common factors influencing a lesser satisfactory birth experience and (3) the positive impact of receiving and being involved in supportive care.

Conclusion: The findings of this review illustrate the complex needs and concerns expressed by fathers in retrospect of their partner’s emergency caesarean section and highlights two areas for future research inquiry. Understanding the personal accounts of fathers’ emergency caesarean section experiences should inform the provision of effective intrapartum care which in turn, encourages a family-centred approach to maternity care.

Keywords: Fathers, Experiences, Traumatic, Childbirth, Emergency Caesarean Section
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Fathers’ Experiences of Traumatic Childbirth: A Focus on Emergency Caesarean

Section

Introduction:

Traditionally, midwives have learned to abide by the underlying philosophy that care throughout pregnancy, childbirth and the postnatal period is woman-centred (ABA 2010). Over the past few decades however; vast changes within the views of society has occurred and now more than ever, the expectations for fathers to attain an integral role throughout their partner’s pregnancy, labour and birth is prevalent (RCM 2011, Steen et al. 2012).

A variety of benefits have been discovered to be associated with the involvement of fathers in maternity care. These include an increased probability of positive maternal lifestyle change and consequentially, improved health and wellbeing of both mother, father and baby (Bottorff et al. 2006, RCM 2011). A father’s presence during childbirth has proven to provide the mother-partner with invaluable psychosocial support, hence reducing maternal anxiety and the need for pharmacological pain relief (Fisher 2007). Furthermore, a fathers’ companionship during childbirth is shown to enhance a more positive maternal birth experience, strengthen marital relationships and assist in the creation of early father-baby bonding (Erlandsson et al. 2007).

Although the majority of fathers consider their increased participation within maternity care to be a positive societal development; growing research has identified that fathers frequently develop feelings of anxiety, helplessness and stress in response to seeing their partner in pain throughout childbirth (Capogna et al. 2007, Green et al. 2007, Hildingsson et al. 2013, Hildingsson 2014). Moreover, it has been demonstrated that negative emotional experiences and the development of post-traumatic stress disorder (PTSD) affects men to a greater extent in the incidence of a traumatic childbirth event (Chan & Paterson-Brown 2002, Nicholls &
Ayers 2007, White 2007). In turn, paternal psychological distress can have an adverse impact upon the psychological, emotional and sexual relationships shared with their partners in addition to affecting parent-infant bonding and future parent-child relationships (Fisher 2007, Nicholls & Ayers 2007).

An emergency caesarean section is a major obstetric intervention which may be indicated whereby the life or health status of a woman or her baby is compromised (Hamilton 2009). Such instances are identified to be emotionally traumatic triggers for parents and are inclusive of indications such as eclampsia, placental abruption, cord prolapse, prolonged labour, fetal distress and birth asphyxia (NICE 2004, Hamilton 2009). At the time of such urgent childbirth complications, decision-making and actions must occur quickly and professional healthcare bodies such as the Royal College of Midwives (RCM) and the Fatherhood Institute have acknowledged that fathers are more likely to be unintentionally excluded when an emergency caesarean section is required (RCM 2011). Notably however, the majority of fathers’ personal accounts of the latter are related to the context of women’s experiences of traumatic childbirth. Thus, fathers’ needs in relation to emergency caesarean section have largely gone unrecognised in the past.

Indeed, the rate of births by caesarean section has risen from 23.6 per cent in 2003 to 28.1 per cent in 2012, which is inclusive of emergency caesarean section (ESRI 2012 p.14), despite a World Health recommendation to maintain regional figures of no more than 10 to 15% (World Health Organisation 1985, Gibbons et al. 2010). In recognition of societal change and the familial benefits of involving fathers in care throughout pregnancy and childbirth, this literature review will explore the findings of research studies undertaken into fathers’ experiences of emergency caesarean section.
Aims:
The aims of this literature review are to collate and critically analyse the evidence surrounding fathers’ experiences of emergency caesarean section and to consider how exploration of this mode of delivery may inform areas for future research and positively influence the development of more competent and capable midwifery practice.

Search Strategy:

To ensure that the articles were reflective of original and recently published research, limits were then applied within the literature search to incorporate inclusion criteria such as: research articles, publication within the last ten years (2004 to 2014), peer-reviewed articles and articles written in the English language (Timmins & McCabe 2005). Following the application of such limits, the results for relevant articles reduced to a more tolerable amount of hits. The titles and abstracts of these articles were then reviewed and any studies which displayed irrelevant content, such as paternal experiences of feeding their preterm infant, were excluded from
further examination. One seemingly relevant study was inaccessible as a full text article following an extensive search among alternative databases (JSTOR, Web of Science, Women and Birth) and therefore, the corresponding author was contacted to ascertain more information. The author confirmed that the results of the latter study were not yet published and this article was thus, also excluded.

Following elimination of duplicated articles within the three databases, it was evident that a dearth of literature related to fathers’ experiences of emergency caesarean section birth. A thorough hand-search of the British Journal of Midwifery was therefore conducted to unearth an additional article. A further two articles were deemed suitable for inclusion following an extensive search of the reference lists within the aforementioned studies. Although one of these studies is dated, it is believed to be a seminal piece of research and was hence included to critically compare with current day findings (Coughlan, Cronin & Ryan 2007, Cronin, Ryan & Coughlan 2008). In total, ten articles were determined as suitable for inclusion in this review (Appendix 2).

**Results:**

On further scrutiny of the articles which were suitable for inclusion, it was identified that six of these studies used a qualitative approach and three used a quantitative approach, while one interpreted a mixed method of the latter when conducting their research. To capture an accurate portrayal of participant fathers’ experiences, phenomenology was the predominant methodology used within the qualitative studies (Ryan, Coughlan & Cronin 2007). This was closely followed by a descriptive qualitative design which bases its findings on naturalistic inquiry (Polit & Beck 2014). The data within the qualitative studies was collected via face-to-
face and telephone interviews. All three of the quantitative studies collected their research via use of structured questionnaires. However, only two of the quantitative studies reported conducting a preliminary pilot study which is an important component to assess the validity of a proposed research instrument (Coughlan, Cronin & Ryan 2007).

Studies were included from six different countries comprising of five from Sweden, one from Canada, one from New Zealand, one from South Africa, one from the United Kingdom and one from Japan. Four of the papers from Sweden are part of a large prospective cohort study in relation to parents’ experiences of pregnancy and childbirth. Therefore, they were included as they out rightly address different aspects of fathers’ experiences surrounding an acute caesarean section (Johansson et al. 2012, Johansson & Hildingsson 2013, Johansson et al. 2013a, Johansson et al. 2013b). All studies, with the exception of a seminal paper from 1995, were published from 2007 to 2014, which may be suggestive of the increasing interest surrounding fathers’ experiences in relation to childbirth.

The results of this review are presented in a thematic approach to synthesise and critically evaluate the literature. The evidence can hence, be grouped into three recurring themes that emerged from within the studies. These are as follows: (1) the emotional complexity of emergency caesarean section, (2) common factors influencing a lesser satisfactory birth experience and (3) the positive impact of receiving and being involved in supportive care.

**The Emotional Complexity of Emergency Caesarean Section:**

The theme identifying emergency caesarean section as an emotionally complex experience emerged in seven out of the ten reviewed studies (Ceronio et al. 1995, Rosich-Medina & Shetty
2007, White 2007, Yokote 2007, Johansson et al. 2012, Johansson et al. 2013b, Lindberg & Engstrom 2013). Fathers within these studies commonly expressed feelings of heightened anxiety and an inherent fear of the unknown when informed that their partner required an emergency caesarean section. Moreover, these studies explored in retrospect, the range of emotions and concerns that fathers’ experienced while their partner’s acute caesarean surgery was taking place.

In a study by Johansson, Hildingsson & Fenwick (2013b), a qualitative descriptive design was utilised to provide a rich portrayal of fathers’ experiences of their partners’ elective or emergency caesarean section birth. Twenty-two self-selected fathers were interviewed via in-depth telephone interviews which allowed the participants to speak freely with the interviewer while ensuring an ease of anonymity (Polit & Beck 2014). Five of these men had experienced their partners’ birth by emergency caesarean section. Commonly, they recalled that it was the unanticipated need for a caesarean section, combined with undeniable and immediate concerns for the safety of their partner and baby that caused initial apprehension and feelings of heightened anxiety. The men further expressed that the majority of their fear escalated when they were informed and hence, realised that an operative delivery had a variety of potential adverse risks. Upon entering the operating theatre and in response to the speed in which events arose, the men within this study utilised words such as ‘panic’ and ‘shock’ to describe the overwhelming feelings experienced.

A similar finding was reiterated in a phenomenological study conducted by Ceronio et al. (1995), whereby five first-time fathers separately recalled feeling physically shaken and in disbelief by the urgency and sudden occurrence of their partners’ emergency caesarean section. These feelings of shock and disbelief were particularly amplified on entering the theatre and
further escalated into feelings of distress and anxiety as the caesarean section commenced. Notably, a complex set of emotions were identified by the participants as being directly attributable to their perception of the operating theatre as a hostile environment in addition to the anticipation of negative feelings that would be evoked by observing blood and body fluids (Ceronio et al. 1995).

As the study sample was distinctively representative of first-time fathers, it may be perceived that the findings by Ceronio et al. (1995) are non-transferable to a population of all fathers’ (Polit & Beck 2010). However, the findings are consistent with Johansson, Hildingsson & Fenwick (2013b) who explored both first-time and subsequent fathers’ experiences of emergency caesarean section. Indeed, their study of Swedish fathers’ also acknowledged a unanimous feeling of fear within the unfamiliar environment of the theatre. Furthermore, a common expression of dismay was similarly illustrated as fathers’ reviewed memories of blood and the unexpected degree of physical manipulation associated with operative delivery (Johansson, Hildingsson & Fenwick 2013b).

An alternative study investigated the concept of childbirth-related post-traumatic stress disorder (PTSD) among twenty-one fathers in New Zealand. While not all of the participants demonstrated symptoms of PTSD following a traumatic birth; all the fathers’ expressed similar feelings of emotional distress, shame and helplessness when revisiting memories surrounding the birth environment and the urgency of the situation (White 2007).

Likewise, three other studies exploring fathers’ experiences of childbirth noted that helplessness and frustration were also common expressions utilised to describe the men’s feelings during an emergency delivery (Rosich-Medina & Shetty 2007, Johansson et al. 2012,
Lindberg & Engstrom 2013). Using semi-structured interviews, Lindberg & Engstrom (2013) noted that such feelings stemmed from the fact that the men were uncertain as to how their partners’ were coping throughout the traumatic birth situation and ultimately, they felt ashamed that they were unable to do anything, as both a husband and a father, to protect their partners and their unborn baby.

This finding is reflective of the thoughts and feelings of six Japanese fathers who individually, or together with their partner if they so wished, participated in face-to-face interviews to describe their experiences of an emergency caesarean section (Yokote 2007). In this study, all six fathers described the torment of having to remain outside the operating theatre while the procedure was undertaken. Collectively, they expressed feelings of uselessness, anxiety and irritation during the period of time in which they were awaiting the results of their partner and infant. While this study demonstrated valuable findings relating to fathers’ experiences of emergency caesarean section birth; it was unclear if this study had received ethical approval. However, it is noted that this element may have been lost in translation.

Overall, it can be noted that the anxieties and fears appear to be universally reflected as a common pattern of emotions experienced by fathers’ in reaction to the sudden decisiveness and rapid actions around an emergency caesarean section, the reality of the potential risk to the mother and baby and the environment of the operating theatre. Therefore, fathers’ experiences of being in attendance at their partner’s emergency caesarean section birth could be described as emotionally complex.
Common Factors Influencing a Lesser Satisfactory Birth Experience:

Of the ten studies, six directly related to fathers’ experiences of their partner’s mode of birth and the factors which impacted their satisfaction or dissatisfaction with their birth encounter (Rosich-Medina & Shetty 2007, Johansson et al. 2012, Johansson & Hildingsson 2013, Johansson et al. 2013b, Lindberg & Engstrom 2013, Belanger-Levesque et al. 2014). An emergency caesarean section was most strongly associated with reduced paternal satisfaction and with a negative birth experience in all of the preceding studies. This was mainly related to the fathers’ perceptions that their partners did not receive optimal care and that significantly staff support associated with this mode of birth was most deficient (Johansson et al. 2012, Johansson and Hildingsson 2013). Furthermore, the limitation of a healthcare professional’s time to provide sufficient information during an emergency caesarean section was one major factor leading to a negative experience for fathers (Lindberg & Engstrom 2013).

In a cross-sectional study by Johansson & Hildingsson (2013), a questionnaire based on the ‘quality from the patient’s perspective scale’ was delivered to 827 fathers two months postpartum to assess their perceptions of intrapartum quality of care. The questionnaire had a 74% response rate which comprised of 47% first-time fathers and 53% subsequent fathers thus, representing an equitable sample. Interestingly, 46% of the fathers who had experienced an emergency caesarean section considered their intrapartum care to be most deficient in comparison to 17% of fathers who experienced their partner’s elective caesarean section and 23% who experienced an assisted instrumental delivery.
An alternative study based in the United Kingdom conducted a similar piece of research which aimed to compare fathers’ labour experiences in relation to three different modes of delivery (Rosich-Medina & Shetty 2007). The questionnaire received a 95.2% response rate which, similarly to Johansson & Hildingsson (2013), illustrated that the fathers who experienced an emergency childbirth had a significantly more dissatisfying birth experience than those who experienced a spontaneous vaginal delivery or an elective caesarean section. Johansson & Hildingsson (2013) further acknowledged that the aspects surrounding maternal medical care, paternal involvement in decision-making, the midwives presence throughout the birth and an opportunity to postnatally debrief the encounter with the assisting midwife were perceived by fathers as the factors which were most unsatisfactory with regards to emergency caesarean section.

While the preceding quantitative study obtained a large breadth of information surrounding the factors which contributed most to dissatisfaction of care (Johansson & Hildingsson 2013); Johansson et al. (2012) conducted a mixed method study which comprised of the same sample group used by Johansson & Hildingsson (2013) to obtain more in-depth information regarding the aforementioned factors which influence birth satisfaction. Throughout this study, it was reflected through content analysis that fathers’ who experienced their partner’s emergency caesarean section were more likely to question the competence of healthcare personnel and hence, consider their overall birth experience to be less satisfactory. This was particularly noted in instances such as having to remain outside the operating theatre whereby fathers believed that healthcare professionals failed to keep them informed of the status of their partners and unborn babies and subsequently lacked respect for them as both fathers and partners.
Moreover, while fathers’ expressed a need to be sufficiently informed in relation to their partner’s birth situation so as to improve birth satisfaction; the way in which healthcare professionals verbally and non-verbally communicated such messages was identified by two studies to have a major impact upon fathers’ perceptions of staff professionalism (Johansson & Hildingsson 2013, Johansson et al. 2013b). It was noted that this was of particular importance to fathers who experienced an emergency caesarean section as they recalled that the theatre staff were wearing masks thus, emphasising the need to utilise eye contact and a reassuring tone of voice to adequately communicate information (Deave & Johnson 2008, Johansson & Hildingsson 2013, Johansson et al. 2013b). In turn, being involved and experiencing competent communication skills influenced fathers’ perceptions of support, control, and indeed the level of trust within staff which therefore, contributed to their overall satisfaction or dissatisfaction with intrapartum quality of care (Yokote 2007, Johansson & Hildingsson 2013).

Altogether, it can be noted that fathers within the preceding studies most strongly associated emergency caesarean section with reduced paternal satisfaction and with a negative birth experience. Collectively, it was demonstrated that their dissatisfaction mainly related to fathers’ perceptions of a common thread of factors including maternal medical care, paternal involvement in decision-making, the limitation of a healthcare professional’s time to provide sufficient information during an emergency caesarean section and staff support throughout the birth and the immediate postnatal period. Therefore, fathers’ experiences of intrapartum quality of care could be described as least satisfactory in the incidence of an emergency caesarean section.
The Positive Impact of Receiving, and Being Involved in Supportive Care:

The impact of support generated as an underlying theme throughout all of the literature collated for this review (Ceronio et al. 1995, Rosich-Medina & Shetty 2007, White 2007, Yokote 2007, Johansson et al. 2012, Johansson & Hildingsson 2013, Johansson et al. 2013a, Johansson et al. 2013b, Lindberg & Engstrom 2013, Belanger-Levesque et al. 2014) and generally emerged as two distinct areas. The first related to the impact of fathers receiving supportive care from maternity staff, while the second related to fathers involving themselves in the supportive care of their partners.

While many of the references relating to supportive care highlighted that fathers perceived staff support to be most deficient throughout an emergency caesarean section (Johansson and Hildingsson 2013, Lindberg & Engstrom 2013); some of the studies illustrated fathers’ encounters whereby they felt the presence and support of a midwife was invaluable to enable them to better cope with the experience of an emergency caesarean section (Ceronio et al. 1995, Johansson et al. 2012). Midwives engaging in kind communication and sufficiently providing fathers with knowledge in relation to the traumatic birth event was demonstrated to mediate father’s worries and hence, equate to feelings of safety and support throughout the emergency birth encounter (Johansson et al. 2012).

Equally, Johansson et al. (2013b) further highlighted the impact that continuous emotional support from midwives can contribute to fathers’ psychological health throughout a traumatic birth event in addition to the potential impact that continuous midwifery support could contribute towards optimising long-term family health and wellbeing. This is reflective of the
finding by Lindberg & Engstrom (2013) which illustrates that by supporting men in their new roles as fathers, a midwife can equally support the entire family unit.

In a qualitative study by Johansson et al. (2013a), the authors included a focus on immediate postnatal care following a caesarean section birth which aimed to explore fathers’ views in relation to staying with their partner and baby in the hospital following a surgical birth. This study identified that while fathers’ tend to experience heightened anxiety and fear during an operative birth of their baby; ultimately, they just want to be able to participate and support their partners in the very best way they can following a caesarean section. Additionally, fathers expressed their wishes to be able to contribute to their role as a parent and be involved in early infant care.

As a result of this, some fathers’ throughout this study expressed that being permitted to stay overnight in the hospital with their partners would allow them to become more involved in the provision of supportive care towards their partner and baby post caesarean section (Johansson et al. 2013a). Furthermore, the fathers identified that it would give them an opportunity to receive the adequate midwifery support required following the birth event and facilitate them in their overall transition to fatherhood, which evidently reflects the latter findings of Johansson et al. (2013b) and Lindberg & Engstrom (2013).

In brief, the presence of a supportive midwife is invaluable to facilitate fathers to better cope with the traumatic experiences of an emergency caesarean section and to support the family unit in maintaining long-term health and wellbeing.
Conclusion:

The preceding literature review aimed to collate and critically analyse the evidence surrounding fathers’ experiences of emergency caesarean section in an attempt to inform areas for future research and to positively influence the development of a more family-centred approach to midwifery practice. Having critically reviewed the aforementioned research articles, it is evident that fathers’ generally experience emergency caesarean section as an emotionally demanding event. Collectively, these articles have identified a range of ardent emotions which fathers’ have inherently related to the sudden decisiveness and rapid actions surrounding an emergency caesarean section, the realisation of the potential risk to the mother and baby and the perception of a hostile environment within the operating theatre (Ceronio et al. 1995, Rosich-Medina & Shetty 2007, White 2007, Yokote 2007, Johansson et al. 2012, Johansson et al. 2013b, Lindberg & Engstrom 2013).

Moreover, the reviewed studies have distinguished a common thread of external factors which fathers have perceived to further impact upon dissatisfaction with their birth encounter. Such factors are inclusive of maternal medical care, paternal involvement in decision-making and the limitation of a healthcare professional’s time to provide sufficient information during an emergency caesarean section in addition to encountering a lack of time among healthcare professionals to adequately support fathers in these unfamiliar situations (Rosich-Medina & Shetty 2007, Johansson et al. 2012, Johansson & Hildingsson 2013, Johansson et al. 2013b, Lindberg & Engstrom 2013, Belanger-Levesque et al. 2014).

Indeed, while conducting this review has highlighted that fathers’ needs in relation to childbirth have largely gone unrecognised in the past; it is evident that the aforementioned research
articles have effectively captured the genuine and vulnerable experiences of participant fathers’ in relation to emergency caesarean section. The most significant finding of this review has highlighted the potentially momentous role that healthcare professionals have in supporting and interacting with fathers throughout an emergency caesarean section birth to promote positive psychological health and wellbeing (White 2007, Johansson et al. 2013a). By doing so, it is likely that the negative emotional effects of a traumatic birth event can be reduced and will in turn, assist fathers to become optimally involved in maternal and infant care thus, promoting positive family functioning (Johansson, Hildingsson & Fenwick 2013b).

The findings from this review of the literature suggest two possible areas for future research. Firstly, a study could be carried out to gain an insight into fathers’ experiences of emergency caesarean section in an Irish maternity setting as all of the research identified within this review derived from studies conducted outside of Ireland. In particular, the majority of the findings were based on the experiences expressed by fathers of Swedish nationality as part of a large cohort study (Johansson et al. 2012, Johansson & Hildingsson 2013, Johansson et al. 2013a, Johansson et al. 2013b, Lindberg & Engstrom 2013).

Secondly, an alternative area for future research could aim to explore midwives’ experiences of supporting fathers throughout their partner’s emergency childbirth. Such a research project could offer an insight into the factors that prevent midwives from supporting fathers throughout the occurrence of an emergency caesarean section or alternatively, could offer an in-depth account of the professional views of midwives in relation to a fathers’ presence throughout an emergency caesarean section.
All in all, the findings of this review illustrate the complex experiences that fathers encounter throughout their partner’s emergency caesarean section and have collectively highlighted the need for fathers to be actively cared for by healthcare professionals in a traumatic birth situation through the provision of effective support and communication. Hence, the personal accounts of fathers’ emergency caesarean section experiences should inform the provision of effective intrapartum care which in turn, could encourage a more family-centred approach to maternity care thus, assisting in the promotion of long-term family wellbeing.
References:


Appendix 1: Flow Chart of Search Strategy and Search Strategy Draft Log

**Cinahl Search Strategy**

**Key Words**

**Search 1:** Father OR fathers OR partner OR partners OR dad OR dads OR men’s OR paternal (38,720 hits)

**Search 2:** Experienc* OR encounter (207,119 hits)

**Search 3:** Traumatic birth OR traumatic childbirth OR traumatic child-birth OR traumatic labo?r OR traumatic delivery OR instrumental birth OR caesarean delivery OR cesarean delivery OR emergency caesarean section OR emergency cesarean section OR emergency c-section (3,596 hits)

**Combine # 1, 2 and 3:** 33 hits

**Apply Limits:**

Last 10 years, English Language, Peer Reviewed, Research Article

**Articles Found:**

Cinahl: 16 hits

**Articles Rejected:** 12

Title/abstract/content of articles irrelevant to research question or did not meet inclusion criteria.

**4 Suitable Articles Reviewed**
PubMed Search Strategy

Key Words

Search 1: Father OR fathers OR partner OR partners OR dad OR dads OR men’s OR paternal (164,057 hits)

Search 2: Experienc* OR encounter (768,019 hits)

Search 3: Traumatic birth OR traumatic childbirth OR traumatic child-birth OR traumatic labo?r OR traumatic delivery OR instrumental birth OR caesarean delivery OR cesarean delivery OR emergency caesarean section OR emergency cesarean section OR emergency c-section (59,899 hits)

Combine # 1, 2 and 3: 150 hits

Apply Limits:
Last 10 years, English Language, Journal Article

Articles Found:
PubMed: 89 hits

Articles Rejected: 80
Title/abstract/content of articles irrelevant to research question or did not meet inclusion criteria.

9 Suitable Articles Reviewed
Maternity & Infant Database Search Strategy

Key Words

Search 1: Father OR fathers OR partner OR partners OR dad OR dads OR men’s OR paternal (7,178 hits)

Search 2: Experienc* OR encounter (24,007 hits)

Search 3: Traumatic birth OR traumatic childbirth OR traumatic child-birth OR traumatic labo?r OR traumatic delivery OR instrumental birth OR caesarean delivery OR cesarean delivery OR emergency caesarean section OR emergency cesarean section OR emergency c-section (5,109 hits)

Combine # 1, 2 and 3: 34 hits

Apply Limits:

Last 10 years, Original Research

Articles Found:

Maternity & Infant Care Database:

27 hits

Articles Rejected: 22

Title/abstract/content of articles irrelevant to research question or did not meet inclusion criteria.

5 Suitable Articles Reviewed
Cinahl, PubMed and Maternity & Infant Care Database: 18 Relevant Articles in total

Some of these articles were duplicated between the three databases while some other relevant articles were inaccessible (i.e. only the abstracts were available).

Total Articles Selected through Electronic Database Searching: 7


Three other articles were also identified within the reference lists of above articles and through manual searching of research journals which were included for review and hence, increased the number of articles to 10.
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</tbody>
</table>