

Traumatic Childbirth Experiences of Father: A Meta-intergration of Qualitative Research



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Fengling Li¹, Zhaoxia Chen^{1,*}, Xuemei Wei², Qi Shi¹, Dinna S. Duan², Tao Xiong³, Yang Li³, Yuxi Zheng³

¹Affiliated Hospital of North Sichuan Medical University, Obstetrics Department, Sichuan, China.

²Affiliated Hospital of North Sichuan Medical University, Department of Nursing, Sichuan, China.

³School of Nursing, North Sichuan Medical College, Nanchong 637000, Sichuan, China.

Abstract

Childbirth trauma is a hot research topic in recent years, but it is often concerned with maternal psychological problems, and the psychological childbirth trauma of fathers is often ignored. A total of 9 studies were included in this study, 10 categories were extracted, and 4 integrated results were obtained. Main Themes divided into external or internal needs of fathers, varying experiences of support role, spouse relationship problems and challenges and vulnerability from birth trauma. Meantime, the sub-themes contains inadequacy support, need to be informed, costs and delivery choices, fathers' understanding of the experience in antenatal and postpartum, support role and system of fathers, challenges of fathers' and paternal involvement in maternal and child care, challenges of fatherhood and spouse relationship, recommendations by fathers, lack of care and communication after birth, being vulnerable during the transition into fatherhood and mental occupation and bodily sensations and emotions. In order to better cope with the birth trauma of fathers, it is necessary to establish a sound coping mechanism, provide professional psychological support to fathers, and timely channel fathers' negative emotions, so as to protect fathers' mental health.

Keywords

Psychological Childbirth Trauma, Father, Meta-intergration, Qualitative Research

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Childbirth trauma, named by foreign scholars as "birth trauma" [1], refers to the potential threat or actual harm that women pose to themselves and others during childbirth events, including physical and psychological trauma [2]. The assessment of adult childbirth experience has been studied for more than 40 years in foreign countries, but the possibility of psychological trauma caused by childbirth was not noticed until more than 10 years ago [3]. Psychological Birth Trauma (PBT) mostly refers to a number of related stressful childbirth events, including severe toxemia, fear of anesthesia, emergency labor, degrading experience, emergency caesarean section, newborn Birth defects, neonatal intensive care hospitalization, infant death, etc. It can make parturients feel the threat of death or cause serious harm to themselves or others, resulting in strong negative emotions such as fear, helplessness, pain and lack of support, which is the trigger and one of the most influential reasons for post-traumatic stress disorder [2]. About 97% of women will have a birth partner or another close friend or family member with them at birth and about 90% of fathers will be present at the

birth [4]. Pregnancy and perinatal period are a period of significant changes in the lives of women and their reproductive partners. Parturients and their reproductive partners experience physical and mental trauma, role transformation and hormonal changes after childbirth, and are prone to mental problems [5]. A study exploring the real experience of birth partners found [6] that men who witnessed women's pain during childbirth would feel depressed, fearful and helpless, and the risk of post-traumatic stress disorder might be increased. A study exploring post-partum traumatic stress response showed [7] that the physical and mental health of the father would be greatly affected if the father witnessed the maternal injury caused by childbirth or the death of the newborn. After witnessing traumatic labor events such as vaginal delivery, dystocia, birth complications and premature delivery, fathers have an increased probability of PTSD [7]. On this basis, this paper conducted qualitative meta-integration for the real experience of fathers after childbirth trauma, aiming to call on the majority of medical workers to pay attention to fathers' psychological childbirth trauma, carry out targeted psychological intervention treatment, and reduce the incidence of PTSD.

1. Materials and Methods

1.1. Literature search Strategy

Computer retrieval PubMed, CINAHL, Embase, PsycINFO, Cochrane, Scopus and Web of Science. Qualitative and mixed studies on the birth experience of fathers due to childbirth trauma were collected. The retrieval time was from the establishment of the database to July 2022, and references included in the included literature were retrospectively reviewed for literature supplement. Database retrieval is carried out by combining subject words with free words and Boolean logic operation. English search terms include: “father/new father/partner/” “shoulder dystocia/perinatal loss/fetal death/infant death/preterm labor/maternal death/resuscitation/

postpartum hemorrhage/vasa praevia/sphincter tears/cervical laceration/amniotic fluid embolus/

breechbirth” “traumatic birth/birth trauma/childbirth trauma/psychological birth trauma/secondary trauma/secondary traumatic stress/compassion fatigue/post traumatic stress/PTSD/” “experience/

feeling/perspective/qualitative”.Take the PubMed database as an example:

#1(father[Title/Abstract] OR (new father[Title/Abstract] OR (partner[Title/Abstract]))

#2((((((((((((shoulder dystocia[Title/Abstract] OR (perinatal loss[Title/Abstract])) OR(fetal death[Title/Abstract])) OR (infant death[Title/Abstract])) OR (preterm labor [Title/Abstract])) OR (maternal death [Title/Abstract])) OR (resuscitation [Title/Abstract])) OR(postpartum hemorrhage[Title/Abstract])) OR (vasa praevia[Title/Abstract])) OR (sphincter tears[Title/Abstract])) OR (cervical laceration[Title/Abstract])) OR (amniotic fluid embolus[Title/Abstract])) OR (breech birth[Title/Abstract]))

#3 (((((((((((traumatic birth [Title/Abstract] OR (birth trauma [Title/Abstract])OR(childbirth trauma [Title/Abstract] OR(psychological birth trauma [Title/Abstract])OR(secondary trauma [Title/Abstract])) OR (secondary traumatic stress [Title/Abstract])) OR (compassion fatigue[Title/Abstract])) OR (post-traumatic stress[Title/Abstract])) OR (PTSD [Title/Abstract]))

#4 ((experience[Title/Abstract] OR (feeling[Title/Abstract])) OR (perspective[Title/Abstract])) OR (qualitative [Title/Abstract])

#5 #1 AND #2 OR #3 AND #4

1.2. Inclusion and exclusion criteria

According to SPIDER model [8], the inclusion criteria are as follows: ① Sample: fathers with childbirth trauma experience. If there are studies that take couples and other partners as the research objects, only the relevant contents of fathers are extracted; ② Phenomenon of interest: father's birth trauma experience; ③ Design: including phenomenological studies, grounded theory studies, ethnographic/ethnographic studies, case studies, etc; ④ Evaluation: psychological and emotional evaluation, event impact, coping strategy, etc; ⑤ Research type: qualitative research, or mixed research with a large number of qualitative descriptions. The exclusion criteria were as follows: ① the subjects were the literature of partners other than the father; ② Secondary research; ③ The full text, repeated publication or incomplete information cannot be obtained; ④ literature not published in English; ⑤ Literature quality assessment grade C.

1.3. Extraction of literature data

According to the literature search strategy and the inclusion and exclusion criteria, two researchers trained in evidence-based nursing courses independently searched, screened, extracted and cross-checked the literature in Chinese and English databases. In case of disagreement, a third party was consulted for judgment. The retrieved literature was imported into EndNote software for rechecking, and the repeated publications were eliminated. Then the title and ab-

stract were read to make a preliminary screening to exclude the literature that did not meet the inclusion criteria. Finally, the full text was carefully read to make a re-screening to determine the final included literature. Data extraction contents include: author and publication year, country, research method, sample size, phenomenon of interest, contextual factors, and main results.

1.4. Methodological quality evaluation of literature

Two researchers independently evaluated the included literature after rescreening according to the 2017 edition of Australian JBI Evidence-based Health Care Center qualitative research quality evaluation criteria [9]. The evaluation method consists of 10 criteria, each of which is evaluated by "yes", "no", "unclear" and "not applicable". All criteria were met, the likelihood of bias was minimal, and the quality grade was grade A; Partial criteria were met, the possibility of bias was moderate, and the quality grade was B; It did not meet the criteria at all, the possibility of bias was the highest, and the quality grade was grade C. When two researchers disagreed, a third party was consulted. Studies with quality grade A and B were finally included in this study, and studies with quality grade C were excluded.

1.5. Data analysis method

The pooled integration method [9] was used to integrate the results. Research results such as theme, implied meaning and classification are collected and further integrated and summarized according to their meanings, so as to make them more targeted, persuasive and general. On the premise of understanding the philosophical thoughts and methodology of qualitative research, researchers repeatedly read, analyze and explain the meaning of each research result, combine and summarize similar results to form new categories, and then summarize the categories into integrated results to form new viewpoints and explanations.

2. Results

2.1. Literature search Results

According to the search strategy, 562 articles were obtained from the English databases were retrospectively included in the study. Through screening, initial screening, rescreening and literature methodology evaluation, 9 studies were finally included, including 8 phenomenological studies and 1 grounded theory study. The literature screening process and results are shown in Figure 1.

2.2. The basic characteristics and quality evaluation results of the included literature

The basic characteristics are shown in Table 1, and the methodological quality evaluation results are shown in Table 2.

2.3. Meta integration Results

A total of 92 results were extracted in this study, and the similar results were summarized into 10 categories to obtain 4 integrated results, as shown in Table 3.

Theme 1: External or internal needs of fathers

After experiencing childbirth trauma, new fathers need a series of internal and external needs and supports, mainly psychological support, information support and delivery mode selection, to help them survive the difficult postpartum time and cope with the change of role, which can be broadly divided into two sub-themes: inadequacy support and need to be informed, costs and delivery choices.

Sub-theme 1. Inadequacy support

A total of four related studies mentioned insufficient support, mainly including psychological support, some stress coping, and insufficient parenting experience.

The fathers' talked of importance participating in their children's lives, and all were engaged in their daily care, such as taking the child to and from day-care and applying for VAB so that they could stay home if the child were sick. All fathers had taken parental leave, one father for 14 months, another for more than six months, and one father had even taken it along with full shared custody after separating from the child's mother [10].

The difference between the support fathers get and the support they want. This theme included the level of support fathers felt, both as individuals, as a couple, and to their partners, in relation to the support they perceived to be beneficial. It is divided into three sub-themes exploring experiences at different times: prenatal support; Production support; Postpartum support [11].

Sub-theme 2. Need to be informed, costs and delivery choices

New parents, because of their lack of experience, know nothing about pregnancy and childbirth. First-time fathers said they address their lack of experience in a macho way, such as asking for the opinion of someone they trust or sending their spouse to a maternal and child health center with the problem. They expressed their feelings and how their wives' experiences during pregnancy and childbirth affected them. One participant feared for the life of his pregnant wife. They shared their experiences on the day they gave birth. Being in the delivery room, they argue, is not a popular view. Most first-time fathers think the delivery room is a very feminine environment, and some are afraid to witness the birth. Some new fathers admitted that they would like to participate but could not because the hospital did not give them the option to participate [12].

What forms of support do fathers need during the six months after giving birth? There are three main support needs: increased paternity and parental leave, information on the father-child relationship, and training schools for women who give birth [13].

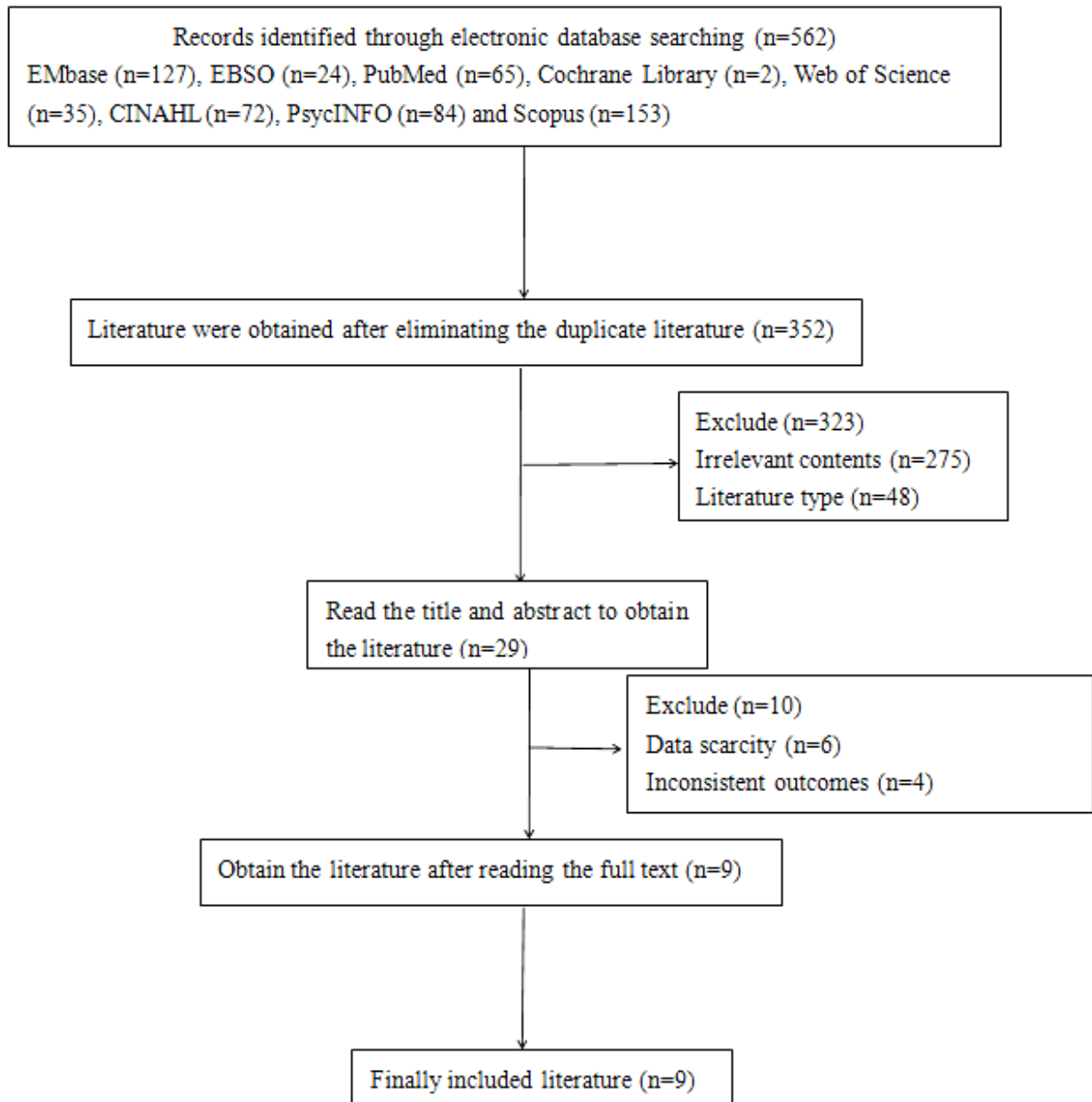


Figure 1. Preferred Reporting Items for flow diagram.

Table 1. Characteristics of the Included Studies

Author (Year)	Country/Region	Sample Characteristics	Methodology	Results
Maude Johansson et al. (2020)	Sweden	10 mothers and 5 fathers	Descriptive qualitative design Interpretative Phenomenological Analysis (IPA)	1. Inadequacy resulting from external or internal requirements 2. Varying experiences of child health care support 3. Spouse relationship problems 4. Vulnerability from previous trauma 1. Fathers' understanding of the experience -Nothing can prepare you for it -Merely a passenger -Mixed experiences with staff -Not about me 2. Life after birth trauma -Manhood after birth -Inability to be happy -Impact on relationships 3. The support fathers received vs what they wanted -Prenatal support -Birth support -Postnatal support
Emily Daniels et al. (2020)	United Kingdom	61 fathers	Thematic analysis Online qualitative questionnaire study	1. Safety of mother and baby -Safety as a priority -Healthy mother and baby -Professional support 2. Understanding support role -Support role understood -Teamwork with mother and professionals -Making a difference 3. Care and communication after birth -Complications and interventions -Communication -Bonding
Anne M Howarth et al. (2017)	New Zealand	155 first-time fathers	Qualitative questionnaire study	1. Standing on the Sideline -Witnessing trauma: unknown territory -The aftermath: dealing with it 2. Lack of communication 1. Gender roles 2. Antenatal involvement 3. Care costs and delivery choices, 4. Need to be informed 5. Dealing with emotions 6. Dealing with the delivery day
Christian Inglis et al. (2016)	Australia	69 fathers	Online qualitative questionnaire study and semi-structured interviews	1. Mental occupation 2. Increased vigilance 3. Bodily sensations
Chiemeka Onyeze-Joe and Isabelle Godin (2020)	South-East Nigeria	50 fathers	A descriptive qualitative study and Semi-structured interviews	1. Support system of fathers 2. Paternal involvement in childcare 3. Challenges of fatherhood, and 4. Recommendations by fathers Being vulnerable during the transition into fatherhood
Carola Eriksson et al. (2007)	Swedish	20 men	The similarity-difference method in grounded theory	-The risky childbirth as a source of fear -Helpful strategies for coping with fear
Shefaly Shorey et al. (2018)	Asian	50 participants	A descriptive qualitative study design	1. Fathers' understanding of their involvement at six months postpartum -Direct involvement -Indirect involvement -Motivators of involved fathers -Hindrances of less involved fathers 2. Challenges of paternal involvement -Changing needs of the growing infant -Seeking co-parenting roles -Seeking informational support
Margareta Johansson et al. (2021)	Sweden	7 fathers	A qualitative longitudinal prospective study	3. Impact on marital relationship -Strained marital relationship -Unmet marital needs 4. Needs of fathers -Increase in paternity and childcare leaves -Advertisements on the father-baby relationship -Confinement lady training school
Shefaly Shorey et al. (2018)	Singapore	50 first-time and experienced fathers	A descriptive qualitative design	

Table 2. Critical appraisal checklist for included studies

Included Studies	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	Quality Level
Maude Johansson et al. (2020)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	B
Emily Daniels et al. (2020)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	B
Anne M Howarth et al. (2017)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	B
Christian Inglis et al. (2016)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	B
Chiemeka Onyeze-Joe and Isabelle Godin (2020)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	B
Carola Eriksson et al. (2007)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	B
Shefaly Shorey et al. (2018)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	B
Margareta Johansson et al. (2021)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	B
Shefaly Shorey et al. (2018)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	B

Note: ① Was there a clear statement of the aims of the research? ② Is a qualitative methodology appropriate? ③ Was the research design appropriate to address the aims of the research? ④ Was the recruitment strategy appropriate to the aims of the research? ⑤ Was the data collected in a way that addressed the research issue? ⑥ Has the relationship between researcher and participants been adequately considered? ⑦ Have ethical issues been taken into consideration? ⑧ Was the data analysis sufficiently rigorous? ⑨ Is there a clear statement of findings? ⑩ How valuable is the research?

Table 3. Summary of Main Themes and Sub-themes

Main Themes	Sub-themes
External or internal needs of fathers	1. Inadequacy support 2. Need to be informed, costs and delivery choices
Varying experiences of fathers' support role	1. Fathers' understanding of the experience in antenatal and postpartum 2. Support role and system of fathers 3. Challenges of Fathers' and paternal involvement in maternal and child care
Spouse relationship problems and challenges	1. Challenges of fatherhood and Spouse relationship 2. Recommendations by fathers 3. Lack of Care and communication after birth
Vulnerability from birth trauma	1. Being vulnerable during the transition into fatherhood 2. Mental occupation, Bodily sensations and emotions

Theme 2: Varying experiences of fathers' support role

After childbirth, fathers have a variety of different feelings and experiences about the transition of their support roles, which can be broadly divided into the following sub-themes: fathers' understanding of the experience in antenatal and postpartum, support role and system of fathers and challenges of Fathers' and paternal involvement in maternal and child care.

Sub-theme 1. Fathers' understanding of the experience in antenatal and postpartum

The theme of fathers' understanding of childbirth trauma identifies the father's experience during the birth of their child, which includes factors that he believes are related to their traumatic experience as well as potential protective factors. There are several subthemes to this theme: You can't prepare for it; Just a person passing by, not me, and the support of the staff [10].

Sub-theme 2. Support role and system of fathers

For fathers, safety is the primary concern. To be on the safe side, fathers want to make sure the mother and newborn receive the best care possible. This involves the professionalism of maternal health care providers and a safe and controlled delivery environment. Fathers want to feel included and involved in the delivery of their mothers, especially when complications and unexpected circumstances change the original medical plan, which are often unexpected decisions. Those who felt included and able to participate expressed their satisfaction [14].

Sub-theme 3. Challenges of fathers' and paternal involvement in maternal and child care

At the time of the interview, all the fathers were in hospital while their wives were living. Most fathers reported that the support system was adequate, except for a few. Fathers said they could share at home, that they had a variety of experiences with parenting and maternal care, and how medical staff could help in the process. Social support and outside support are very helpful for some people and not for others [15].

Theme 3: Spouse relationship problems and challenges

A total of 8 studies mentioned problems and challenges in the relationship. The main problem was that after the trauma of childbirth, especially for new fathers, they faced huge role changes and psychological shocks, and were unable to effectively cope with the stress and role changes. There are three sub-topics contained under this topic: challenges of fatherhood and Spouse relationship, recommendations by fathers and lack of care and communication after birth.

Sub-theme 1. Challenges of fatherhood and spouse relationship

In interviews, although they all described an underlying feeling of uncertainty, different fathers gave different accounts of post-traumatic birth stress. Fathers spoke of work and financial pressures, external demands such as compensation for time off work to care for a sick child or restrictions on childcare that put a level of stress on their daily lives. Most fathers emphasized that their roles as parents involved shared parenthood and the demands of work life, as well as when children were sick or meetings were delayed. These are stressful things. The stress of parenting on work and life can be divided into the following aspects: sources of support, types of support and experiences with support received [10].

Sub-theme 2. Recommendations by fathers

The fathers offered suggestions on how to encourage more paternal involvement. Many fathers suggested that paternity leave should be increased, with the suggested length of time being one month, the estimated time it would take for mother and baby to settle in at home. In addition, prenatal classes play only a modest role in preparing fathers and providing information about infant care. However, the fathers said that the content of these classes focused on the mother's tasks, such as breastfeeding, and that the father did not know what else he could do besides changing diapers. In addition, many fathers reported that they were less hands-on and often found that they couldn't really apply what they learned in class to their babies because they had only been exposed to "dolls" in those classes. Lack of information and guidance from health care professionals after discharge. Fathers often feel helpless when they find that professional support has no operational access to effective professional advice other than a 24-hour breastfeeding hotline [15].

Sub-theme 3. Lack of care and communication after birth

Lack of communication is an important factor and underlies the father's experience, which is divided into three sub-themes: "Not ready", "not knowing" and "overcoming". It was clear that the feelings of distress were exacerbated by a failure of communication between the caregiver and the father [16].

First-time fathers occasionally admit to worrying about the financial costs, especially those associated with childbirth. First-time fathers want to know the cost of vaginal delivery and caesarean section in public and private hospitals. For most people, understanding the economic costs of health care is necessary before deciding which health care setting to choose for childbirth, in order to understand their options and compare prices. In most cases, most first-time fathers acknowledge that the availability of funds influences their choice of delivery location [12].

Theme 4: Vulnerability from birth trauma

Vulnerability after childbirth trauma manifests itself in a variety of ways, especially among new fathers. A total of 6 studies mentioned psychological vulnerability after childbirth trauma, mainly focusing on emotional and psychological problems, physical sensations and increased alertness, which were broadly divided into the following two sub-themes: being vulnerable during the transition into fatherhood and mental occupation, bodily sensations and emotions.

Sub-theme 1. Being vulnerable during the transition into fatherhood

In producing the transition from man to father, the pair becomes vulnerable. The theme describes the father's experience of fear of childbirth during pregnancy, childbirth and the postpartum period. The concepts of fear and worry are used interchangeably by fathers to describe their fear of childbirth. Fear of childbirth is real, and the extent of fear of childbirth is related to multiple external factors, while worry arises when thinking about what might happen in relation to childbirth. They are broadly divided into the following two sub-topics: the risky childbirth as a source of fear and helpful strategies for coping with fear [17].

Sub-theme 2. Mental occupation, bodily sensations and emotions

First-time fathers expressed how their wives' experiences during pregnancy and childbirth affected them, and how they perceived the feelings generated in me by the process as oppressive and would be very worried and scared. First-time fathers shared their experiences on the day they gave birth. It was clear from their responses that while some wanted to be part of their wives' labor, others were afraid to witness it. When it comes to coping, some people do so by reducing their emotional involvement, while others try to do so by engaging in other activities. Overall, the father de-

scribed two different ways of dealing with fear. These approaches can be described as an attempt to reduce fear [12, 18].

3. Discussion

The purpose of this study was to explore the real experience, external support and coping styles of fathers after childbirth trauma. A total of 9 studies were included in this study, 10 categories were extracted, and 4 integrated results were obtained. Main Themes divided into external or internal needs of fathers, varying experiences of support role, spouse relationship problems and challenges and vulnerability from birth trauma. Meantime, the sub-themes contains inadequacy support, need to be informed, costs and delivery choices, fathers' understanding of the experience in Antenatal and postpartum, support role and system of fathers, challenges of Fathers' and paternal involvement in maternal and child care, challenges of fatherhood and spouse relationship, recommendations by fathers, lack of Care and communication after birth, being vulnerable during the transition into fatherhood and mental occupation, bodily sensations and emotions.

Due to language limitation, only English literatures were retrieved in this study, which may bias the results. In addition, the quality level of the 9 studies finally included were all B, and the research methods were mainly phenomenological, which was not very rich, which may affect the scientificity and comprehensiveness of the integrated results. Therefore, different qualitative research methods can be used in the future to gain insight into the real experience of birth trauma of fathers and partners. The research subjects included in this study were fathers who experienced childbirth trauma, and the results showed that childbirth had a significant impact on fathers' experience of childbirth trauma. Future studies on fathers or other birth partners or patients and their partners as a whole could be included to enrich the research results.

4. Conclusion

This meta-synthesis conducted a meta-integration of qualitative studies on fathers' real experience of trauma in different years, and explored fathers' feelings, coping and needs in the face of traumatic childbirth events. Traumatic childbirth events can cause serious physical and mental effects on fathers. Because of the particularity of fathers' roles, they show a series of stress reactions after experiencing childbirth trauma, which will affect fathers' mental health, postpartum mother-infant care and marital relationship. In this study, there is a lack of relevant studies based on the birth trauma experience of fathers in Chinese population. In future studies, attention should be paid to the birth trauma experience of fathers and their partners, and appropriate professional psychological support should be given to help them cope with the birth trauma and fear.

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