

## Should fathers or partners be able to ‘catch’ their own baby?

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### ORIGINAL

The World Health Organization (WHO) (2018) has recently published guidelines on intrapartum care which include the notion that childbirth should be a safe, comfortable and positive experience for women and their partners. I recently had a request from a father to participate in his child’s birth and to ‘allow’ him to ‘catch’ under my direct supervision and guidance. The woman was in a semi-recumbent position (her choice — where she was most comfortable) and I had my ‘hands on’ for the head birthing. The baby birthed spontaneously into his hands with my hands poised above the baby, and I then placed mine over the top and helped him place their newborn baby skin-to-skin with Mum. The woman had an intact perineum and both parents were incredibly thrilled to have had such a positive birth experience. This is not the first time I have had a father request to facilitate the birth of his child. Anecdotally, from discussions with colleagues, many are already facilitating fathers in ‘catching’ the baby. However, on reflection there is very little written evidence to support the facilitation of partners catching their newborn babies.

### Fathers assisting during childbirth

Historically, fathers in the UK attending a birth were often kept outside the room and only allowed in after

the birth. Childbirth was largely a female-only event with the exception of a male physician where needed. Around the 1970s there was a worldwide change in

western culture as more men wanted to be in the birthing room to provide support and companionship to women, especially with the change of location of birth from home to hospital (Odent 1999). Birthing partners are an individual choice for women and there is still much debate about whether men should be in the birthing room (Odent 2009, Harris 2017).

The *Birth becomes her* video went viral in May 2017 and showcases a range of beautiful births including one where a father ‘catches’ his baby under the watchful eye of a midwife. There are over twenty videos which can be searched for on YouTube using the terms: ‘Daddy’, ‘husband’, ‘father’, ‘delivers’, ‘catches’ and ‘birth’. There was even an episode of *One born every minute* from 2014 where a father ‘caught’ his own baby while his partner was standing up. From personal experience, partners are requesting to be more hands-on with birth as the rise in birth videos with partners assisting increases. Currently there are no studies which observe or report on the assistance of the partner in birth, and a randomised controlled trial would be deemed unethical as it is a unique and very personal choice for parents to request.

### Partners and childbirth

There is currently a national drive to include fathers more within pregnancy, birth and the postpartum period (Department of Health (DH) 2004, DH 2011, Royal College of Midwives (RCM) 2011). Fathers report that good midwifery support, information-giving, communication and facilitating individual needs encourage a positive birth experience (Hildingsson *et al* 2011). Fathers who have been well-prepared for birth are less likely to report fears of seeing their partner in pain, and are more able to provide hands-on support to their partner in labour (Diemer 1997, Wockel *et al* 2007, Harris 2017). Maternal satisfaction rates are higher regarding the birth when supported by a partner and women are less likely to experience postnatal depression (Dellman 2004). Women report lower incidences of pain during the birth with a supportive partner and are less likely to request analgesia (Chan & Paterson-Brown 2002, Wilson & Simpson 2016).

Fathers’ involvement during pregnancy, birth and beyond provides vital support to women, and women who have good postnatal support have better mental health (Redshaw & Henderson 2013). Currently, fathers’ mental health is a key area of research as around 10% of new fathers will experience postnatal depression (Reaching out PMH 2014). Maternal postnatal depression is in direct correlation with paternal postnatal depression rates and post-traumatic stress disorder (Davé *et al* 2010, Iles *et al* 2011, Wee *et al* 2011). There are many more benefits for children’s development when fathers are involved in their parenting, and they report a positive attachment to their child (Lu *et al* 2010, Ramchandani *et al* 2013).

### The law and Nursing and Midwifery Council frameworks

The Nursing and Midwifery Order 2001 (House of Commons 2002:45(1)) states:

*‘A person other than a registered midwife or doctor shall not attend a woman in childbirth’.*

Midwives and other registered medical professionals have a legal requirement to attend to a woman in childbirth. However, women are not obliged to access medical or midwifery care in the UK during labour especially when choosing to have an unassisted birth (Birthrights 2017). The woman in this case will assume all responsibility for the birth. There is no legality as to who should ‘deliver’, ‘catch’, or ‘pass’ the newborn baby to the mother which means that it is not illegal for a partner to pass his newborn baby to the woman.

However, the Nursing and Midwifery Council (NMC) (2012) provides further guidance in specific relation to unassisted birth. It states that an unregistered person cannot assume responsibility, assist or assume the role of the medical or midwifery professional, for example, checking progress and monitoring fetal well-being. This area is where partners assisting in the birth have less clarity. Where spontaneous vaginal birth occurs without hands-on or routine axial traction, the father is merely passing his newborn baby to the new mother, or in terms of water birth, lifting the baby up to the surface of the water. There is no medical intervention or assistance needed at this stage, especially if a midwife is assuming all responsibility and is present during the birth. However, if a hands-on approach is required to facilitate the birth, then ‘hands on hands’ could be utilised in such situations.

### Social media response

I invited two midwifery-related social media sites to anonymously post a discussion to research whether partners assisting during childbirth is a known practice. The question posted for health care providers: Would you allow a partner to assist in the catching of a baby if he wanted to? And for women having babies: How acceptable is it that fathers assist or purely ‘catch’ under the guidance of a health care professional should they wish?

There were 58 responses in 24 hours: 25 of which were midwives or student midwives who commented that they already facilitated birth partners or even the mothers themselves in catching the baby. Women’s responses were all very supportive of fathers being able to facilitate the birth where requested. All the women who experienced their partners ‘catching’ their babies reflected positively on this experience and one even commented that *‘it must be truly wonderful if a midwife had confidence to guide a parent through this’*. There were only two concerns which arose from requesting the partner be able to facilitate the birth.

## Concerns with fathers assisting

The first concern came from a woman who had 'catching' as part of her birth plan and the delivery suite midwife said: 'no because only she gets to 'deliver' babies'. This may show an element of control due to inexperience or lack of confidence on the midwife's part (WHO 2018). It may also have been deemed inappropriate within a certain situation or an emergency that had arisen during the birth. As midwives, we are supposed to advocate for women and facilitate informed choice and consent (NMC 2015). If women and their partners have requested this as part of their birth preferences then this should be upheld wherever possible and safe. Additionally, if only certain midwives are facilitating these requests then it could be that an inequitable service is being provided for women.

Secondly, a concern regarding perineal trauma was raised. The latest Royal College of Obstetricians and Gynaecologists guidelines (Fernando *et al* 2015) state that a hands-on approach for the crowning of the head may be beneficial in preventing anal sphincter injuries. However, WHO guidelines (2018), in a review of five studies from various countries, state that there is very little evidence to suggest that either a hands-on or hands-off method has an impact on prevention of third- or fourth-degree tears. However, WHO (2018) does state that there is significant evidence to support the hands-on approach in reducing first-degree tears in women. Aasheim *et al* (2017) also state that there is uncertainty as to whether hands-on or hands-off has an impact on reducing perineal trauma but does state that a warm compress may have the most benefit in reducing third- and fourth-degree tears.

In relation to fathers assisting with the birth, if a hands-on approach is being utilised then either a hand-on-hands approach should be used, similar to that used by students, or alternatively as I did, putting my hands on alone to guard the perineum for the head and then letting the father be involved in passing the spontaneously-birthed baby up to the mother when the body is being born. Hands on hands can also be used when applying routine axial traction if it is required to assist the birthing of the shoulders and body. In relation to water births, most midwives tend to be hands-off for the birth to avoid stimulation of the baby underwater, in which case the baby could be lifted up by the father with a midwife's hands poised close by in case of a nuchal or short cord (Cro & Preston 2002, Macdonald & Johnson 2017).

## Conclusion

Further research into partners assisting in the birth of their children needs to be undertaken to ensure safety, but also to observe the longer-term effects such as parental mental health and parental attachment. Safe care and supporting women in childbirth has to be the priority within our job's remit. However, the birth experience is crucial to enabling parental attachments to their newborn and we as midwives are pivotal to the facilitation of this. If fathers want to assist in the birth

of their newborn then this should be supported with the direct guidance of a midwife, similar to students. The question that should be asked is: How can we support midwives with facilitating individualised requests to assist the birthing of the baby? After all, it's their baby, and their birth experience.

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