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THE ROLE OF A SUPPORT PERSON DURING LABOUR

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Abstract

Introduction: The changes that have occurred in the obstetrics in the last years are not only culturally conditioned, but they also constitute the sum of experiences of many generations of the women in labour. The change of a labour management style and the partner's presence at that time is the result of variable expectations of women as well as the courage and determination of representatives of medical professions. When both partners are aware and active during the labour, a mother has the comfort of giving a birth in the sense of safety, and the father feels the full acceptance of a child as it eliminates the fear of physical contact with a baby.

Objectives: The objective of this work is to know the opinion of women about the support person during labour.

Materials and methods: The anonymous surveys were used as the research method. The study involved 187 women in labour, after the family labour in the average age of 29 ± 10

years. It was directed at the women after the family labour to know their opinion about the role of a support person during labour.

Results: The conducted analysis has proved that the couples make decision together as to the family labour 59.4%. The factors that influence on this decision are the following to stay together (53.5%) and to provide the sense of safety (38.5%). According to 87.7% of the surveyed, the major type of the partner's activity during the labour was his emotional support. 90.9% of the women confirm their partner would participate during the another labour again.

Conclusions:

1. The decision about the family labour is made together by both partners.
2. Because of the partner's presence during a labour, there are more chances for the better relationship of a man with his child in the future.
3. The major motivation for the man's presence during the labour is to provide the sense of safety to his woman in labour.

Key words: labour, family, partner

Introduction

Labour is a very important experience with extremely different emotions such as: fear, anger, expectation, joy, acceptance. It may seem a man's personality determines to a large extent if we want to experience this event alone or with a person close to us. However, more and more couples say they need to be together at the crucial moment, that is the birth of their child, because it arouses the feelings, which deepen love for each other and strengthens the relationship between them.

Literature emphasises the multidimensionality of fathers' presence during a labour. It involves, among others, the willingness to strengthen a parental bond, to build a relationship between father and child, the own inner need or the request of his partner. The benefits resulting from it are the following: to provide safety and care for his partner, to have a quick contact with a child and "the mystery" connected with cutting the umbilical cord [8,15,20].

The women treat a labour as an optimistic and invigorating situation, but also as an undeserved and uncertain situation, so as a risk. In turn, future fathers see a labour as an optimistic, promising and interesting situation, so as a challenge [18].

In the past, a birth was the domain of women. Men were not allowed to and they did not want to participate in that event. The presence of a father during a labour was not a common situation. He was more often around than in the birthplace. Even the medical doctors - men, hardly ever attended the woman who was giving a birth [2,8,9].

At the turn of the years, new patterns of parental roles were shaped, including the role of a father. The presence of a father during the labour of his child is his natural right, which cannot be just given or taken. The turning point in the shaping of a new attitude was International Congress, held in Poland, Warsaw in 1993 and called "The quality of birth – the quality of life." From that moment, the expectations and needs of family were taken into consideration [1,3,5,7].

The husband's participation in the family labour benefits the woman who gives a birth and strengthens the bonds between the partners. When both partners are aware and active during the labour, a mother has the comfort of giving a birth in the sense of safety, and the father feels the full acceptance of a child; moreover, he eliminates the fear of physical contact with a baby. Since mother and father provide their child with the same number of chromosomes, they are both equally responsible for their child's conception, coming into this world and upbringing. After the labour, a father can cut the umbilical cord and participate in the baby care routines. The part of homely atmosphere is permeated into the atmosphere in a hospital, what makes a labour even more family event. Maternity care system took a completely new form; apart from the medical aspects, it provided for the social and psychical aspects. We can observe what is the figure of a modern father, who gets involved into the process of a child labour, childcare and prepares actively for this very important event in the family life together with his wife [1,3,6,8,14].

There are many reasons why the partners do not decide on the family labour. However, the most often declared reason is the fear of the sight of a labour and blood. Then, the partners often say about the fear of the loss of their sexuality in the eyes of a partner and the labour as a very intimate experience. The most often reason given by the women is that they endure the labour pain better alone; in turn, the men state the lack of sufficient knowledge on this subject [2,3,10,11].

The men believe the labour is a woman's thing, and the factor affecting them is just an unhealthy curiosity or trend that might have a negative effect on the stability of relationship. They are also worried about the strangeness and laughing at them by the other people.

Moreover, there are psychological fears such as: the fear of the sight of suffering woman (according to many research, what is emphasised is the fact that looking at the suffering woman was the worst experience during the labour for the majority of surveyed men), the lack of knowledge how to help her, the belief the labour is a horrifying and not aesthetic event. There is also a fear of a danger to the beloved and the child [2,15,23].

The research conducted by The Medical University of Warsaw has shown that when selecting the family labour, women as well as men are driven by some other motives.

The most important thing for the fathers was to provide the sense of safety for a partner and then, to stay by her side during this event. In turn, the most important thing for the women was to stay with the person close to her and then, the sense of safety [7,8].

The another research conducted at The Obstetrics and Gynaecology Clinic of the “Centrum Zdrowia Matki Polki” Institute focus on the influence of sociological and demographical factors as to the choice of family labour [16]. The research shows that the family labour is more often chosen by the women residing in the cities; the women residing in the villages constitute only 14% of this group. The size of a place of residence influenced on the choice of the type of labour. The family labour was chosen by the women residing in the cities with the population over 30 000 (77% of the group). This may be caused by the fact the women residing in the cities have better access to the information about the perinatal care, moreover they are more aware. This is confirmed by the fact that in the same research the results have shown that the women with higher education chose more often the labour with the person close to them [16]. Similar results were obtained in their own research by: Świątkowska- Freund M. and Guzikowski W.

Family labour is described as an unforgettable and enriching experience for both partners. The men stated reasons for their choice with a better sense of control and the assurance they will influence their child development [12,13].

The research conducted at The Stefan Kardynał Wyszyński Voivodeship Specialist Hospital in Lublin has shown that the partners often decide on the family labour, because they believe avoiding the presence of the third parties during the labour. In addition, they think it enables avoidance of an instrumental approach of the medical staff towards the mother [22].

The choice of a family labour is often motivated by the opinions of people who have experienced this. The women still want to be sure it is worth giving birth and every woman creates the birth of her baby in her own way. The choice of a family labour benefits also a

child's father. Giving birth in the company of a child's father enriches his personality; it is a new experience for him, which allows him to fulfil in the role of a husband, father and provides him with positive experiences. It increases the feeling of intimacy and unity with his partner. So, in many relationships there are positive emotions, joy, appreciation, peace. Therefore, the people cannot imagine the labour without the presence of each other [3,7].

Research objective

The objective of this work is to know the opinion about the support person during labour.

Research method

When collecting research material, the diagnostic poll method was used. The tool used in this technique was a survey questionnaire made by me and analysed for the purpose of this study. It is targeted at the women after the family labour in order to know their opinion on the role of the support person during a labour. Participation in the research was voluntary and anonymous. The survey consisted of 28 questions, both single and multiple choice.

The questions in the survey involved: the motivation to the labour with a partner, the memories concerning the labour, the involvement of a partner during the labour as well as the relationship between the surveyed partners. The research material was analysed descriptively and statistically.

The study involved 187 women in labour, just after the family labour. The study was conducted at The Stefan Kardynał Wyszyński Voivodeship Specialist Hospital in Lublin on the obstetric ward and in The Independent Public Clinical Hospital No. 1 in Lublin at the Department of Obstetrics and Pathology of Pregnancy.

The results of the research

The research group numbered 187 women after the family labour; the largest group constituted the women aged between 26-30 (52.9%) and the smallest group aged between 36-41 (7.5%). The average age of women was 29 years old.

The average age of the partners of these women was 30.86 years old. The youngest man was 20, and the oldest – 44 years old.

The most of the surveyed women lived in the voivodeship cities, including 138 of the them (73.8%). 19 women lived in the cities with district rights (10.2%), while the other 30 of women (16%) - in the countryside.

The vast majority of the surveyed women, including 164 of them (87.7%) had higher education. Secondary education was the attribute of the another 20 women (10.7%), one of the women had elementary education (0.5%), and 2 of the surveyed had vocational education (1.1%).

The length of relationship of the surveyed women was researched as well. The relationships analysed among 90 women (48.1%) usually last 5-10 years. The another 46 of the surveyed (24.6%) were in the current relationship approx. 2-5 years, 7 women (3.7%) – less than 2 years. In turn, the another of 44 surveyed women (23.5%) declared the length of their relationship is, on average, more than 10 years.

Table 1.

Number of pregnancies	N [number]	%
First pregnancy	129	69.0%
Second pregnancy	46	24.6%
Third pregnancy	11	5.9%
Fourth or another pregnancy	1	0.5%
Total	187	100.0%

During the research, the vast majority of women was pregnant for the first time, in total 129 of the surveyed (69%). The another 46 women were in their second pregnancy (24.6%) and 11 women were in the third pregnancy (5.9%). In the fourth or another pregnancy was only one woman (0.5%).

Table 2. Previous labours with a partner

Previous labour with a partner	n	%
Yes	50	26.7%
No	11	5.9%
Not applicable	126	67.4%
In total	187	100.0%

Among 187 surveyed women, 50 of them (26.7%) were giving birth in the company of their partner. 11 women (5.9%) have just decided for the family labour for the first time. The another 126 women (67.4%) were actually giving birth for the first time.

Table 3. Type of the last labour

Type of the last labour	n	%
Natural labour	150	80.2%
Caesarean section	37	19.3%
In total	187	100.0%

150 women (80.2%) were giving their birth naturally and in the company of a partner. In case of the another 37 respondents (19.3%) it was necessary to perform a caesarean section.

Table 4. The person who suggested the idea of labour in the company of a partner

The person who suggested the idea of labour in the company of a partner	n	%
Pregnant woman	47	25.1%
Her partner	10	5.3%
Both	130	69.5%
In total	187	100.0%

The majority of surveyed women claim they make a decision about the family labour together with their partner. 130 women answered as above (69.5%). 47 of the surveyed women (25.1%) suggested the idea of labour in the company of their partner, and the another 10 women (5.3%) have received this proposal from their partner.

Table 5. Reason why the couple decided on the labour in the company of a partner

Reason why the couple decided on the labour in the company of a partner	n	%
The couple had bad memories from the previous labours	0	0.0%
The couple wanted to provide the sense of safety	72	38.5%
The couple wanted to stay together	100	53.5%
The couple had the fear of the unknown	15	8.0%
In total	187	100.0%

In the case of 72 women (38.5%) the reason why the surveyed decided on the labour in the company of a partner was, most of all, the need to provide the sense of safety. 100 women declared they (53.5%) want to stay together. The another 15 women (8%) decided on the labour with a partner because of the fear of the unknown.

Table 6. The willingness to be together during a labour declared by both partners

The willingness to be together during a labour declared by both partners	n	%
Yes	159	85.0%
No, only the pregnant woman wanted the partner was next to her	17	9.1%
No, only the partner wanted to be next to the pregnant woman	11	5.9%
Total	187	100.0%

In the majority of cases, according to 159 women (85%), both partners declared they want to be together during a labour. The another 17 labours (9.1%) were performed only on the initiative of the pregnant woman, and the next 11 labours (5.9%) - on the initiative of the partner of a pregnant woman.

Table 7. Opinion on the positive effect of the family labour on the relationship

Opinion on the positive effect of the family labour on the relationship	n	%	Statistical significance (p)
Yes, we were closer to each other	111	59.4%	0.0018**
Yes, the partner will have the better contact with baby, for sure	45	24.1%	
No, we drifted apart from each other	31	16.6%	
It is difficult to say	0	0.0%	
In total	187	100.0%	

According to the statistical research, slightly more than half of the surveyed women, including 111 of them (59.4%) declare that the labour with a partner brought them closer together. The another 45 women (24.1%) see the positive effect of family labour in the expected better relations of the father with his baby. 31 women (16.6%) think that family labour has ruined their relationship with a partner.

Statistical analysis by a chi-squared test has confirmed the highly significant differences in statistics between the positive and negative relations with the partner after the labour in his company ($p < 0.01^{**}$).

Table 8. The willingness of the partner to stay during the whole labour

The willingness of the partner to stay during the whole labour	n	%
Yes	178	95.2%
Only at the first stage of labour	9	4.8%
Only at the second stage of labour	0	0.0%
Only at the second stage of labour	0	0.0%
Total	187	100.0%

The majority of surveyed women declared the willingness of the partner to stay during the whole labour, in total 178 women (95.2%). The another 9 women (4.8%) wanted to be with their partner only at the first stage of labour.

Table 9. The willingness to participate in the next family labour

The willingness to participate in the next family labour	n	%	Statistical significance (p)
Yes, for sure	170	90.9%	0.0225*
Definitely no	2	1.1%	
It is difficult to say	15	8.0%	
In total	187	100.0%	

The research conducted by me has shown that 170 women (90.9%) would like to experience the next family labour. In contrast to 17 of the surveyed (9.1%) who would not decide on the family labour again or it is difficult to say for them on this question.

Statistical analysis by a chi-squared test has confirmed the significant differences in statistics as to the willingness to participate again in the family labour ($p < 0.05^*$).

Table 10. Good memories concerning the labour

Good memories concerning the labour	n	%	Statistical significance (p)
Yes, due to the presence of a partner	143	76.5%	0.0016**
Yes, but I would cope without the partner as well	22	11.8%	
No, despite the presence of the partner	20	10.7%	
No, because of the presence of the partner	2	1.1%	
Total	187	100%	

My research has shown that 143 of the surveyed women (76.5%) declare good memories concerning the labour due to the presence of the partner. The another 22 of the surveyed remember their labour positively, too, but they claim they would cope without the partner as well. The different view is presented by 20 women (10.7%) as they do not have

good memories with the labour, despite the presence of their partner. In turn, the another 2 women (1.1%) explain this situation because of the presence of the partner.

Statistical analysis by a chi-squared test has confirmed the significant differences in statistics between good and bad memories concerning the labour ($p < 0.01^{**}$).

Table 11. Actual and expected involvement of the partner during the labour

Involvement	Actual		Expected		Statistical significance (p)		
	n	%	n	%	N	Z	P
Emotional support	164	87.7%	179	95.7%	23	2.73	0.0062* *
Massage of painful areas	88	47.1%	77	41.2%	33	1.67	0.0948
He helped her to breathe	78	41.7%	60	32.1%	34	2.69	0.0071* *
He helped her to assume a comfortable position	116	62.0%	104	55.6%	40	1.65	0.0983
He determined the frequency of contractions	71	38.0%	56	29.9%	33	2.28	0.0227*
He reminded her to relax	53	28.3%	53	28.3%	38	0.00	1.0000
He helped her with a bath	60	32.1%	54	28.9%	32	0.93	0.3547
He helped her in bearing down	66	35.3%	52	27.8%	38	2.00	0.0478*
He cut the umbilical cord	115	61.5%	103	55.1%	42	1.61	0.1068
He held a baby in his arms	94	50.3%	89	47.6%	35	0.74	0.4611
He helped to bring a baby to her breast	41	21.9%	33	17.6%	28	1.32	0.1866
He stayed by my side during the whole perinatal period	139	74.3%	127	67.9%	44	1.58	0.1151

N – a number of differences between the actual and expected state

According to the surveyed women, the major activities regarding the involvement of a partner during the labour were: his emotional support (87.7%), his presence during the whole perinatal period (74.3%), his help to assume a comfortable position (62%), cutting the umbilical cord (61.5%) and holding a baby in his arms (50.3%).

As the pregnant women state, the most expected activities regarding the involvement of a partner during the labour were similar as shown above: his emotional support (95.7%), his presence during the whole perinatal period (67.9%), help to assume a comfortable position (55.6%), cutting the umbilical cord (55.1%) as well as holding a baby in his arms (47.6%).

According to the surveyed women, differences between the actual and expected involvement of a partner were reported for: his emotional support ($p < 0.01^{**}$), help her to breathe ($p < 0.01^{**}$), determination of frequency of contractions ($p < 0.05^*$) and help in bearing down ($p < 0.05^*$).

Table 12. Actual involvement of a partner depending on the relationship between both partners

Actual involvement of a partner	The best relationship n=64		Relationship different than the best n=123		Statistical significance (p)	
	n	%	n	%	$\chi^2(1)$	P
Emotional support	63	98.4%	101	82.1%	10.40	0.0013* *
Massage of painful areas	28	43.8%	60	48.8%	0.42	0.5132
He helped her to breathe	29	45.3%	49	39.8%	0.52	0.4713
He helped her to assume a comfortable position	49	76.6%	67	54.5%	8.72	0.0031* *
He determined the frequency of contractions	27	42.2%	44	35.8%	0.74	0.3911
He reminded her to relax	22	34.4%	31	25.2%	1.74	0.1867
He helped her with a bath	20	31.3%	40	32.5%	0.03	0.8599
He helped her in bearing down	25	39.1%	41	33.3%	0.61	0.4367
He cut the umbilical cord	38	59.4%	77	62.6%	0.19	0.6670
He held a baby in his arms	36	56.3%	58	47.2%	1.39	0.2379
He helped to bring a baby to her breast	17	26.6%	24	19.5%	1.22	0.2689
He stayed by my side during the whole perinatal period	55	85.9%	84	68.3%	6.87	0.0088* *

Statistical analysis by a chi-squared test has confirmed the significant differences in statistics between the actual involvement of a partner during the labour and relation they have with their woman in the case of the following activities: emotional support, help to assume a comfortable position, the presence during the whole perinatal period ($p < 0.01^{**}$). The men who have the best relations with their woman, were doing the above activities more often. The another activities did not differ significantly among the surveyed who have different level of their relationship with a partner.

Discussion

According to the definition of World Health Organisation, a family labour is not only the act of giving birth, but also the perinatal care oriented on the family needs. We can provide the psychological well-being of a mother as we can make it possible for her to bear with a support person. In the majority, the couples who decide on the family labours are those who share all their chores in a partnership. Husband is no longer just a family supporter, but he also participates actively in the daily life – he helps in the kitchen, does the cleaning, takes care of the children. In this case, it is a matter of course that a man wants to participate in the labour, too [14,22].

When the medical staff in hospital is open-minded to a woman, she feels supported, appreciated and her needs are respected. Moreover, the presence of a man encourages her to stay calm, gives her the sense of safety and helps her to concentrate. The presence of a husband is highly desirable when the labour is difficult. Man has to be ready for that event before to know what are the labour positions and what is the way to relieve his spouse. The role of a partner is very important. The research on married couples who have experienced the labour with a partner, has shown the positive influence of this event on building the early bond with a child, development of the father's feelings and marriage bonds [19].

According to my research, slightly over the half of the surveyed women, including 111 of them (59.4%) declare that the labour with a partner brought them closer together. The another 45 women (24.1%) see the positive influence of the family labour in the expected better relationship of a father with his child. On the other hand, the another 31 women (16.6%) believe the family labour has ruined their relationship with a partner.

Świątkowska-Freund claims that the decision about the family labour has influenced positively on the process of giving birth and the well-being of a pregnant woman. None of the surveyed women claim the presence of their partner disturbed or annoyed them[19].

Ulman-Włodarz has researched the women who appreciated very much the help of a partner, mainly with regard to his emotional support (75%), the sense of safety (55%), reassurance and encouragement [20].

Also Wdowiak has researched the women who have drawn the similar benefits as 88% of them, due to the presence of their husband had the sense of safety and 72% of the women have already been very peaceful when entering the labour ward [22].

The birth of a child is very important moment both for a woman and her partner. The familiar face among many unfamiliar faces from the medical staff may have a reassuring effect on the pregnant woman; the intimacy of a person she trusts may significantly influence her comfort and leave good memories. A family labour arouses strong emotions and becomes a family-life event. It is the only event that arouses so many emotions, increases an intimacy, unity between parents and leaves so intense memories. The majority of the women surveyed by M. Karaude (96%) claimed they were tired after the labour, but at the same time they were happy after this experience [12]. The another research conducted by the same author concerning the labour experiences has shown that the women who decided on the labour in the company of their husband, have experienced positive experiences more often than the women who decided on the normal labour. The report says that 51% of the respondents believe that the labour with a husband has changed their self-esteem as a woman, because they felt more appreciated [13].

In turn Wolbiś has analysed the family labour from the viewpoint of a father and according to her, the men have also great feelings after the labour. The family labour has reached the expectations and images of 64% of the respondents, and over the half of them (62%) felt needed on the labour ward, they helped their partner and the medical staff [23].

In the research of Mazurkiewicz, the women said that the presence of a partner was the assurance of normalising of the sense of solitude and fear for them; moreover, the love of a child's father to his wife and baby has been confirmed as well. Due to the labour, the women benefited the following: a condition, the sense of power, joy and pride of themselves[14].

In her own research, Ulman-Włodarz has analysed, among others, the question concerning the influence of family labour on the deepening of relationship between partners.

90% of women answered in the affirmative what confirms that the experience of labour with a partner strengthens the bonds between woman and man. 80% of the surveyed declared it was an unforgettable experience and the emotional support was the main advantage resulting from this type of labour (80%). 65% of the respondents considered that the family labour has influenced on the strengthening of affection between partners [20].

My study has shown that 143 of the respondents (76.5%) declare good memories concerning the labour due to the presence of their partner. The another 22 of the surveyed (11.8%) also have good memories as to their last labour; however, they claim they would cope without the partner as well. 20 women (10.7%) present a different view as they do not have good memories concerning the labour, despite the presence of their partner; in turn, the another 2 respondents (1.1%) explain this situation exactly because of the presence of the partner.

Many authors have researched the willingness to experience a family labour again with a partner; therefore the research presented by A. Torbé confirms that 83% of the surveyed would like to experience a family labour again [20]. In the analysis of M. Karauda, she has shown that 96% of the surveyed women would like to experience that event again as well [12]. In the research conducted by Ulman-Włodarz, 95% of the respondents would make the same decision in their next labours [20]. In turn, Świątkowska-Freund writes that 94% of the marriages who have been researched by her, feel good about their family labour; the couples feel it was a good decision and only 3% of men would not like to experience the family labour again [19]. In the group researched by Ziółkowska, the willingness to experience a family labour again was declared by 97% of respondents [24]. The similar research was conducted by Guzikowski; 95% of the couples surveyed by him would like to choose this type of labour again, moreover there was no answer that could eliminate this possibility [9]. In my own research, the willingness to experience a family labour again was undoubtedly declared by 170 women (90.9%). This decision was difficult to take again for 15 of the surveyed (8%), while 2 of them (1.1%) definitely deny the willingness to experience a family labour again.

The research emphasise the benefits resulting from the presence of a father perceived by a pregnant woman. The authors who have researched the intimacy of the partners and the attitude of a father during the labour, emphasise that only the active attitude of a father makes sense during the labour, as well as the emotional contact with a pregnant woman. Sioma-

Markowska has analysed the influence of education on the involvement of the men during the labour and she has shown the fathers with higher education more often presented an active attitude during the labour (90.7%). In the group of the fathers with a secondary education, 88.6% of them presented an active attitude, and in the group of fathers with vocational education – 70.4% of them [18].

In the research conducted by Laudański, 50.1% of the fathers presented an active attitude during the labour [19]. In my own research, the majority – 181 women (96.8%) considered the attitude of their partner during the labour – as an active attitude. The active attitude of a father during the labour is expressed when he often fulfils the nursing and caring tasks, e.g. back massage, help to assume a comfortable position, help to breathe, as well as to provide an emotional support. Consequently, the presence of a close person has also the positive effect on the reduction of labour pain intensity. The partner who is present during the labour is not only a passive observer or just a man who holds the hand of a pregnant woman. For his own and the woman's good, he should play an active role. He is present on the labour ward to give her a strong support and his love. It makes that a man can feel as a father before the child is born [10].

In the research conducted by Świątkowska-Freund, the partner most often helped a woman to assume comfortable positions (76%), said to her what a strong woman she is (71%), cut the umbilical cord (74%), massaged her back (58%) and reminded her about the relax (47%) [19].

Sioma-Markowska has researched the involvement of the men in the particular stages of labour; thus, in the first stage of labour, the men most often focused on the emotional support (96%) as well as doing the nursing and caring activities (76.8%), e.g. giving her some beverages (56.8%), help to assume a comfortable labour position (46.4%), back massage and reminding her about the relax, slightly over 40% of them. In the second stage of labour, 92% of the fathers provided an emotional support, 84% of them cut the umbilical cord, 65.6% of the men helped in bearing down, and 59.2% of them – helped to assume a comfortable position. During the third stage of labour and after the labour, the partners provided an emotional support to a woman and stayed by her and a child's side during the whole perinatal period (92.8%); in turn, 84.8% of men participated in the measurements and medical examinations of a child [18].

According to Matuszyk, the level of satisfaction with the labour is, to a large extent,

the result of the expectations of the couples who have experienced a family labour.

The research shows that 60% of the surveyed, due to the labour in the company of a partner, had the greater sense of safety and felt less fear or solitude [22].

In my own research, the surveyed women said the major types of activity of the partner during the labour, were, most of all, emotional support (87.7%), his presence during the whole perinatal period (74.3%), help to assume a comfortable position (62%), cutting the umbilical cord (61.5%) as well as holding the child in his hands (50.3%).

The most expected forms of involvement of the partner during the labour, according to the pregnant women, were, similarly: emotional support (95.7%), his presence during the whole perinatal period (67.9%), help to assume a comfortable position (55.6%), cutting the umbilical cord (55.1%) and holding the child in his hands (47.6%).

The actual activity corresponds with the expectations of women as to the massage of painful areas, help to assume a comfortable position, reminding her about the relax, help in bath, cutting the umbilical cord, holding the child in his hands, help to bring a baby to the breast and the presence next to the pregnant woman during the whole perinatal period.

The responsibilities of a father include also mediating between the mother, medical staff and the other members of the family. The woman is very often exhausted after the labour or overwhelmed by the frequent family visits. Thus, the task of a partner is to provide her a peace and a moment alone.

Conclusions

Based on the analysis of the research results, the following conclusions can be drawn:

1. The important aspect for the surveyed couples, which makes them to take a decision on the family labour is the willingness to be together and to provide themselves with a sense of safety.
2. The couples who plan a family labour, make decision together.
3. When the labour ends, the vast majority of women have positive memories due to the presence of the partner, and the major benefits after this event for them is that the labour brought them closer together with a partner; moreover, they believe in better relationship of a man with his child in the future.
4. The women in labour would like to take a family labour again in the future.

5. In the opinion of women in labour, nearly all the partners presented an active attitude during the family labour.
6. The most expected types of activity of a partner were: his emotional support, help to assume a comfortable position, cutting the umbilical cord as well as his presence next to a woman after the labour. The actual involvement of the men corresponded with the expectations of the women and all the men fulfilled these expectations.
7. The correlation among the couples who were close together and had a good relationship was confirmed as the expectations of women concerning the involvement of a partner during the labour have been fulfilled.

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