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Review

Men's experience of their transition to first-time fatherhood during their partner's pregnancy: an interpretative phenomenological analysis

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This was a qualitative study employing Interpretative Phenomenological Analysis (IPA) to capture the lived experiences and sense-making of seven male participants (aged 29–41), whose partner was in their second or third trimester of pregnancy. Data was collected through semi-structured interviews and four superordinate themes emerged during the analysis: (1) Pushed and Pulled in Different Directions, (2) A Rollercoaster of Emotions, (3) A Long and Lonely Road and (4) Anticipating Fatherhood. The prenatal period seemed to constitute a turbulent time in the participants' lives and involved them experiencing intense, conflicting emotions and psychological states amidst a shifting sense of self, with few support resources available to them. Implications for counselling psychologists are discussed, with suggestions for future research made.

Keywords

Transition to fatherhood; Expectant fathers; Father-to-be; Pregnancy; Prenatal period

1. Introduction

Social and cultural changes transform the way in which fatherhood is viewed, which, in turn, affects men's expectations and experiences of becoming fathers for the first time [1]. Due to a number of changing social practices, which includes more woman and mothers taking up employment outside the home, the concept of fatherhood has evolved [2–5]. Once viewed exclusively in terms of breadwinner and disciplinarian, today the new model of fatherhood includes qualities such as: presence, involvement, putting children's needs first, approachability, nurturing and caring [1]. Indeed, today the role of father is considered as equally important to a mother's role in terms of parenting, placing more expectations on fathers than ever before [6].

Fathers' involvement in childrearing has increased dramatically in recent decades, with it now being routine in many Western countries for fathers to have a participatory role throughout labour and the birth of their baby [7–12]. Research from both Europe and America reveal a strong, positive correlation between active father involvement and in-

fant development, and also on the well-being of fathers themselves [13–15]. As a result of this changing context of contemporary fatherhood, theorisations of men's lives and masculinities have become more critically focussed upon [16], causing a shift away from the notion of "a single unified masculinity" [17]. Similarly, it is increasingly recognised that rather than a unified normative model of fatherhood, there is a plurality of fathering practices [17].

Although research on fatherhood has increased exponentially since the seminal work of Michael Lamb [18], which marked a growing awareness of the role of the father in child development, less attention has been paid to the transition to fatherhood, particularly during pregnancy. Therefore, we know relatively little about the needs and experiences of men during their partner's pregnancy, including the nature of support that they might require during this period [7].

1.1 The transition to fatherhood and a gap in the literature

The transition to fatherhood begins with the confirmation of pregnancy and extends to the first few months, or up to a year, after childbirth [19]. Yet, it can of course be argued that the transition to parenthood actually begins once a couple starts planning or trying for a baby. The term “transition” represent the staged physical, psychological and spiritual journey in which an individual moves from their ordinary circumstances through a transitional phase of psychological reorganisation to integrate the new or change event into their life [20].

Whilst research suggests that men’s transition to new fatherhood is a complex and ambiguous process, the health of the mother and baby is the focal point of healthcare provision from the moment the pregnancy is confirmed [21–27]. Experiencing and displaying all the physical changes of the pregnancy, not only guides a woman in her transition to motherhood but it also influences the reactions she obtains from others. Expectant fathers, due to a lack of visible bodily changes, have more unstructured journeys to parenthood than woman, resulting in feelings of detachment and marginalization [24, 26]. They also frequently express ambivalent feelings during this phase [24, 28, 29].

A meta-analysis of 43 quantitative studies, reveals that depression is more prevalent among first-time fathers than the general male population, with depressive symptoms being the most common during the prenatal phase [30–33]. Whilst depression is not only more prevalent among first-time fathers compared to the general male population [30], it seems to be most common during the prenatal period [31–33]. This suggests that men experience the prenatal phase as the most demanding phase in their transition to first-time fatherhood.

In their literature review on the psychological experience of becoming a first-time father in Western countries, Genesoni and Talandini corroborated these findings [25]. The authors highlighted three main areas of difficulty for men during the pregnancy: (1) a lack of tangible evidence for the pregnancy/baby elicits feelings of unreality, (2) diverging expectations and different needs from those of their pregnant partner gives rise to disequilibrium in the relationship and (3) difficulty in the formation of a paternal identity, which requires a core identity shift from the role of partner to that of parent. The authors hypothesised that men undergo psychological reorganisation during the pregnancy whilst trying to adhere to a father image that is based on close involvement with childcare and family life, which Henwood and Proctor argued is an image that modern fathers have not inherited a role model for [1]. Despite the review’s insightful findings, only half of the studies included in it had actually focussed on expectant fathers’ experiences during the prenatal period and only a handful of these focussed exclusively on the pregnancy period. Therefore, it can be argued that the review lacks depth and only provides limited insight into expectant fathers’ experiences during pregnancy. Although longitudinal studies on the transition to fatherhood

are invaluable, offering rich accounts of expectant fathers’ experiences across its different phases, there is a danger that researchers will be more focussed on changes over time and overlook the subjective experience of change at a specific point in time. As such, it is also imperative to examine individuals’ experiences at a particular point in time (e.g., during the pregnancy), because it is at points of transition that an individual’s views, values and ways of being in the world are challenged, which requires them to actively deal with the ensuing changes. Longitudinal designs risk losing this contextual richness. There is therefore a need for research to explore men’s transition to first-time fatherhood during the prenatal period.

1.2 The transition to fatherhood during pregnancy

A meta-synthesis of 13 qualitative studies that focussed exclusively on men’s experiences during the prenatal period captured the emotional, psychological and physiological experiences of expectant fathers during this time [34]. Five over-arching themes were extracted from the data: (1) Reacting to early pregnancy; (2) On the outside looking in; (3) The pregnant male; (4) The journey of acceptance; and (5) Redefining self as father. This meta-synthesis illuminates how, particularly during early pregnancy, expectant fathers experienced conflicting emotions and felt removed and distant from the pregnancy process. It also describes the physical and/or physiological changes that some expectant fathers had experienced during pregnancy (e.g., stomach pains and mood swings). Finally, it suggests that a man’s willingness to be involved with the pregnancy aided and expedited his psychological adjustment, which ultimately allowed him to move away from his life as a non-parent and redefine himself as a father. However, Sandelowski, Docherty and Emden argue that synthesising data from research studies that uses different methodologies and thus have distinct epistemological positions, as is the case in this particular meta-synthesis, alters the data beyond recognition [35]. According to them, for a meta-synthesis to remain true to the original data, it has to include only those studies that share the same methodological approaches.

Findings from the individual studies that have been included in this meta-synthesis, indicate that men experience many emotional, psychological and physiological changes as they anticipated new fatherhood [6, 36–39]. It seems that during the prenatal phase men experienced powerful and conflicting emotions, felt isolated and undervalued, came to embrace new values and attitudes and had more expectations, roles and responsibilities placed upon them than ever before [24, 28, 37, 40]. Unfortunately, despite the various challenging demands along the way, expectant fathers receive little guidance and few models of support during their transition to first-time fatherhood [40].

Burgess and Goldman point out that despite the guidelines and recommendations of professional bodies and voluntary sector organisations, not a single maternity service in the UK routinely collects or analyses information on fathers’ psycho-

logical or physical health, asks questions about health-related behaviours or seeks to engage them in health-promoting behaviours during the prenatal period [39]. In fact, no recent or current commission framework in England, Wales or Northern Ireland requires maternity services to engage with anyone else other than the pregnant woman [39]. Scotland's 2011 Framework for Maternity Care requires maternity services to recognize the father's role and include him, yet there is no evidence on whether this requirement is being monitored or enforced [39].

An online survey entitled "How was it for you?" that was aimed at fathers whose babies had been born in the NHS in the previous five years, revealed that almost all of the 1873 respondents had attended the antenatal appointments with their pregnant partner during the pregnancy [41]. However, a large number of them had felt ignored by healthcare professionals. Indeed, over 80% of respondents reported that they had not been asked any questions about their mental health, physical health or health-related behaviours, such as diet and exercise patterns, during the pregnancy.

The transition to first-time fatherhood bring about more profound changes in a man's life compared to any other developmental state and has the potential to affect his mental health and wellbeing as well as his relationship with his partner, his family and his wider social world [42]. The mental health and wellbeing of expectant fathers not only facilitates their engagement during the pregnancy (which benefits both expectant parents and their relationship) but it is also linked to improved outcomes for expectant fathers and their families beyond birth [43–45]. Unfortunately, men's experiences during the prenatal period continues to be overlooked and it is therefore important to investigate how men experience the prenatal period in their transition to first-time fatherhood. Whilst quantitative surveys are able to elicit detailed information from expectant fathers in relation to their experience of the prenatal period, they are not able to provide a detailed picture of individual experience. With the shifting context of fatherhood, it is important to focus on how expectant fathers reflexively make sense of this critical transitional phase in their lives.

The aim of the study is to understand men's subjective experience of first-time fatherhood during the prenatal period, the time when a man is on his way to become but has not yet become a father. Through this research I aim to answer the question "how do men experience the transition to first-time fatherhood during their partner's pregnancy?" Such a research endeavour will not only shed light on how men view themselves as father-to-be during their partner's pregnancies but it can also reveal how expectant fathers manage and cope with the new expectations and responsibilities that their new status as father-to-be has brought about. Since the cultural context and its particular fatherhood norms will impact a man's experience during the transition to first-time fatherhood, it follows that the findings of this study might not be universal.

2. Method

2.1 Methodology

Interpretative Phenomenological Analysis (IPA) is a qualitative methodology which aims to provide detailed examinations of how individuals make sense of their major life experiences [46]. It is concerned with both an individual's subjective account of experience and the researcher's interpretation of that account [47]. In its recognition that the interaction between researcher and participant may influence the research findings [46], IPA embraces the notion that there are multiple valid realities and that these realities are in fact contextually constituted meanings. Meanings are no less real or potentially truthful than any object or objectivity [48]; meanings are grounded in the reality of the world [49].

In IPA, interpretation is described as involving a double hermeneutic, with the researcher aiming to make sense of the participant's sense making. The aim of this analysis was to move from the particular of one participant's experience to a shared experience between all the participants included in the study.

2.2 Participants

Seven expectant first-time fathers were recruited through three recruitment strategies: (1) snowballing; (2) the distribution of advertisement leaflets at two South London hospitals and; (3) posting the advertisement online on Gumtree. Every participant in the study was married and lived with their pregnant partner in London. Their partner was somewhere between 20 and 37 weeks along in the pregnancy. Men of pregnant partners who were in their first trimester were excluded from the study since it represents a time during pregnancy where it might be too early to assess the viability of the pregnancy and/or to meaningfully reflect on one's transition to fatherhood. Given that the study was interested in the experiences of impending first-time fathers, none of the participants included in the study had any children. The sample was heterogeneous in terms of age (29–41) and country of origin (Greece, Italy, UK, US), which ran the risk of complicating the data. Yet, no proper justification exists to privilege a certain group of expectant fathers, in terms of age or country of origin. Also, I did not want to prevent any expectant father the opportunity to come forward and share his experience with me. All the participants were white, middle class and tertiary educated and is therefore not representative of all expectant fathers. Pseudonyms were used throughout to protect the participants' confidentiality. A summary of this information is presented in Table 1.

2.3 Procedure

Ethical approval was obtained from the Department of Psychology Ethics Committee at City University of London (ethics approval code: ETH1819-0059). The research was conducted in line with BPS and HCPC codes of ethics. Once participants expressed their interest in the study, they were sent a participant information sheet and they were

TABLE 1. Participants' demographic and background details.

	Age	Nationality	Partner's nationality	Occupation	Weeks of pregnancy
Dylan	29	British	British	Research fellow	30 weeks
Kevin	39	British	British	Journalist	23 weeks
Jordan	41	American/British	French/British	Research director	33 weeks
Hugo	33	British	American	Research fellow	37 weeks
Virgil	34	Italian	Italian/British	Journalist	28 weeks
Steven	35	British	British	Professor	28 weeks
Matteo	33	Greek	Korean	IT consultant	20 weeks

encouraged to ask any questions they might have before considering whether they wanted to participate in the study. Data was collected through face-to-face semi-structured interviews, which were audio-recorded. Whilst an interview schedule guided the process, the open questions included in it were asked in a flexible manner so as to allow the participant to take the lead. Interviews lasted between 43 and 76 minutes. Throughout the research process, the study adhered to Yardley's criteria [50] to ensure the quality of qualitative research.

2.4 Data analysis

Every transcript was transcribed verbatim, and included verbal and non-verbal cues, which was subsequently analysed line-by-line. Data analysis relied on Smith's heuristic framework to process the data:

- Step one—The researcher read and re-read the transcript of individual interviews.
- Step two—The researcher made exploratory comments, which included her initial impressions and ideas of a participant's account, in the right hand margin of the transcript.
- Step three—The researcher developed emergent themes, which captured the essence of her exploratory notes, in the left hand margin of the transcript.
- Step four—The researcher searched for connections and patterns across these emergent themes.
- Step five—The researcher applied the above four stages thoroughly and systematically to each participant's transcript.
- Step six—The researcher explored the commonalities and differences across the seven cases while preserving the idiographic aspect of each participant's experience.

The identified superordinate themes and their corresponding subordinate themes were analysed further with the researcher's interpretations based on supportive quotes from the accounts of the participants.

3. Findings

Following the IPA analytic process, the following superordinate themes emerged: Pushed and Pulled in Different Directions, A Rollercoaster of Emotions, A Long and Lonely Road and Anticipating Fatherhood. It is important to point out that these superordinate themes are not entirely discrete and often overlap and intertwine.

3.1 Pushed and pulled in different directions

This superordinate theme depicts how each participant was constantly pushed and pulled in different directions during the pregnancy. Each of the seven participants seemed to have endured different, conflicting subjective experiences throughout their partner's pregnancy. This included: their expectations for pregnancy not marrying up with the reality, the pregnancy sometimes feeling real but other times not, feeling actively involved in the pregnancy and therefore visible at times yet powerless and ineffective and thus invisible at other times and, wavering in the extent to which they felt ready to be a father throughout the pregnancy. The ebb and flow of a participant's subjective experience had the potential effect of either pushing the participant away from the pregnancy, as they felt detached or disconnected from it, or pulling the participant closer to the pregnancy since it made them feel connected to their emerging role as father.

Many of the participants described their experience of the pregnancy, including how it came about, to have been different to that which they had previously anticipated. As such, the pregnancy included challenges that they did not foresee or expect to encounter.

Dylan, for example, said:

We did IVF so it was, it's been slightly different to how maybe I thought I'd experience it when I was younger (Dylan, p.1, 1.8–9).

Dylan's use of temporal referents in this sentence, initially using "was", the continuous past tense, then switching to "it's been", the present perfect continuous tense, reflects the enduring impact of his past experience of in-vitro fertilisation (IVF). The fact that he and his partner conceived by IVF thus continues to have an impact on him now, during his partner's pregnancy.

Six out of the seven participants described how the pregnancy did not feel real to them at times, suggesting how difficult it was to connect to the reality of the pregnancy. Since there was very little concrete evidence of a baby, particularly early on during the pregnancy, these participants struggled to connect to the baby that was growing inside his wife's belly. Matteo, who's wife was 20 weeks pregnant at the time, explained that the pregnancy started to feel more real over time, particularly as more concrete evidence for it emerged. He said:

Now there is evidence in terms of the belly being there and now she can actually feel the baby there, I can't feel it yet from the outside. So now it is becoming a lot more real, now that

we are doing actually, we are also, we are doing our kitchen and and extending the house (Matteo, p.2, l.53–56).

Although Matteo mentioned that he was not yet able to feel the baby moving inside his wife's belly, it seems that the visible expansion of his wife's growing stomach together with her ability to feel the baby move inside of her, constituted physical evidence of the pregnancy for him. As a result, it "now" felt "more real" for him, reflecting how perhaps before it did not feel real, at least not as real as it feels now. For Matteo, the progress that was being made on their house extension project, as they were getting ready to welcome their baby, served as further concrete evidence that he will soon become a father. By repeating the phrase "we are doing" and by using the word "actually", Matteo is alluding to how him and his wife have now become actively involved in the pregnancy, which is making it feel more real.

All of the participants alluded to feeling invisible at times during the pregnancy. Not only was their wife carrying the baby, and thus experiencing all the physical symptoms and signs associated with pregnancy, but she also garnered a lot, if not all, of the attention when others eventually learned of the pregnancy. As a result, the participants often felt overlooked and ignored by the people that they felt close to in their lives. Although all of the participants strived to be actively involved in the pregnancy, the majority of them frequently felt powerless and ineffective. This reflects their unsteady role or position during the pregnancy; oscillating between feeling actively involved on the one hand and powerless and ineffective on the other.

Kevin distinguished his wife's increasing visibility throughout the pregnancy with his own lack of visibility, which restricted the extent to which he could share his experience with others. Even when Kevin was eventually able to share the news of the pregnancy, and thus his experience of impending fatherhood, with others in his social network, it seemed that he continued to feel invisible:

So that was good obviously, it's good when you tell people and I think also it's just nice to have people to uhh to talk to, to talk about it. But I think the same thing kind of happens with that which is that most people when they phone up, when my mum phones me up her main thing is about what, you know, how is Delia feeling about it, you know, how is her health, how is she, it is very rarely about how are you doing (Kevin, p.10, l.437–442).

In this passage, Kevin alludes to the positive experience of sharing the news of the pregnancy with others. Not only was it enjoyable to share their good news with others, but it allowed Kevin to discuss aspects of the pregnancy openly. However, Kevin continued to feel somewhat invisible because most people, including his mum, prioritised his wife's health and wellbeing. It seems that his wife took centre stage whereas his experiences remained unexplored, and thus obscured.

All of the participants reflected on their readiness, or preparedness, to become a father. Whilst six out of the seven participants had planned their pregnancies, reflecting their commitment to embark on this new phase in their lives, all of

them reported experiencing a fluctuating degree of readiness for fatherhood during the pregnancy.

I definitely have moments of realisation that includes excitement and joy and that this is going to happen, we are going to have a little family but also fear and anxiety about it umm you know, not feeling ready to be a father (Hugo, p.3, l.138–141).

Hugo mentions that he experienced "moments of realisation", which captures the flickering doubts he experienced throughout the pregnancy. Whilst him and his wife had felt ready to have a family, and were happy and excited about the prospect of being parents, Hugo also experienced fear and anxiety in relation to it. His readiness to be a father therefore appears to have wavered throughout the pregnancy.

3.2 A rollercoaster of emotions

The second superordinate theme illuminates the rollercoaster of emotions that participants experienced during their partner's pregnancy. Although emotions are referenced across all the superordinate and subordinate themes, its pervasiveness across the transcript was precisely the reason it felt important to depict it as a standalone theme. Its four subordinate themes are organised in a chronological sequence. "The Journey to Pregnancy" represents the period before pregnancy confirmation. The vast majority of couples planned their pregnancies and were thus trying to conceive but this journey was more straightforward and easy for some compared to others. Although the journey to pregnancy technically denotes experiences before the pregnancy came about, I have included it due to its inseparability from the participants' experience of the actual pregnancy. The other three subordinate themes were labelled "First Trimester", "Second Trimester" and "Third Trimester" because the way in which all the participants had conceptualised the pregnancy corresponded to medical discourse; there are three, roughly equal, phases, each with its own significant developmental milestones. Since these theme labels are derived from participants' actual experience, which happens to correspond to expert discourse, it is consistent with the ethos of IPA. Each trimester seemed to have evoked mixed and ambivalent emotions in the participants.

For Jordan, having experienced pregnancy loss prior to this pregnancy, meant that he experienced conflicting emotions during the first trimester.

So I suppose in the first you know, uhh, 12 weeks for sure, there was like a kind of wanting to be excited but not wanting to be too excited based on what had happened before (Jordan, p.1, l.29–31).

Although Jordan felt excited that him and his wife had conceived again, he was worried about becoming emotionally invested in the pregnancy, lest the same thing (miscarriage) happened again. For Jordan there was therefore a conflict between wanting to revel in the excitement that pregnancy brings and wanting to protect himself from further heartbreak, reflecting how difficult, emotionally, the first trimester was for him.

Kevin explained that as the pregnancy progressed into its

second trimester, it evoked mixed feelings for him.

And then it's, and then, and then, I guess gradually there is the excitement because you start thinking "oh, I wonder what this person is going to be like" and what will, you know how exciting that will be and how much fun that will be and then also "oh god, this is a real big change isn't it, in our lives (Kevin, p.4, l.181–184).

Kevin's repetitive use of "and then" emphasises the fact that his feelings in relation to the pregnancy did not arise instantaneously. Rather, it emerged and intensified over time, as the pregnancy developed. As explored previously, the pregnancy started to feel more real to Kevin as it progressed, particularly once it had reached the end of the first trimester and he started to share the news of the pregnancy with others. Consequently, Kevin began to consider what his daughter's personality might be like and he started to envisage the fun and enjoyment that she will bring to his life, which gave rise to excitement. At the same time, however, he was scared about how radically his life would be transformed by fatherhood. Indeed, during the interview Kevin disclosed that he had started to experience stomach aches during the second trimester, which he had not sought medical attention for but which he had linked to his increased anxiety about the change that lay ahead.

Dylan described the conflicting feelings he experienced during the third trimester.

And every time we go in for a midwife appointment now it's like, is this going to be the time that there is something wrong? But, touch wood, everything has been really good and they seem very happy with umm, with how she is doing and all that stuff umm but yeah we are very, very excited and I think because of the difficulties leading up to this stage, that, that means that we are kind of, there is, mixed in with the trepidation of what's to come, there is a massive sense of relief (Dylan, p.4, l.145–151).

The midwife appointments in the third trimester, like the antenatal scans in the first and second trimesters, continued to arouse anxiety in Dylan. This anxiety stemmed from a fear that something will go wrong in the pregnancy and Dylan's use of "touch wood" indicates how this fear was ever-present, throughout the pregnancy. Whilst the antenatal appointments confirmed that the pregnancy was progressing as expected, which brought about an enormous sense of relief for Dylan given how difficult their journey to pregnancy has been, Dylan remained scared that his hope for the future (to be a father) will somehow be prevented from coming true. In addition to his fear that he will be prevented from being a father, Dylan also experienced fear in relation to what fatherhood will be like. At the same time, he was "very, very excited" to become a father, which reflects the strong feelings of exhilaration that Dylan experienced during the final trimester of his partner's pregnancy. It is thus clear that, Dylan continued to experience strong, opposing emotions, even near the end of the pregnancy.

3.3 A long and lonely road

The third superordinate theme "A Long and Lonely Road" depicts the arduous experiences of the participants during their partner's pregnancy. Many of the participants perceived the pregnancy as a lengthy process and for some it felt even more drawn out, since the process of trying to conceive had itself been time-consuming. For example, after being diagnosed with infertility, Dylan and his wife had to embark on the laborious and lengthy process of IVF and Jordan, whose wife had suffered a miscarriage in her previous and relatively recent pregnancy, had to contend with heartbreak before feeling ready to try again. The participants also spoke of feeling isolated during the pregnancy, with a lack of support from those around them. Moreover, whilst every participant cited his wife as his main source of support during the pregnancy, many of the participants admitted that they had withheld their own fears and anxieties from her at times so as to be compassionate towards her and shield her from any further stress.

Jordan described how he felt stuck in the same position during the pregnancy, despite the passage of time.

Yeah but in general I think it, you know it is just something you have to deal with like yeah day by day, umm, just waiting. I find in general just the whole pregnancy thing is, is just that it takes so long (Jordan, p.2, l.55–57).

Jordan alludes to how powerless he felt at times during the pregnancy; he had to deal with each day as and when it came, having no control over the situation whatsoever. Committed to a goal that was in sight but out of reach, Jordan was "just waiting". Jordan experiencing the pregnancy as "so long", perhaps reflects his frustration and impatience, especially because his baby's due date was still seven weeks away at this point.

For Steven, who's wife was in her seventh month of the pregnancy, it was difficult to recall the moment he had learnt of his wife's pregnancy since it had felt like a lot of time has passed since then.

Uhh, it feels like a long time ago now even though it is not. It's just because, you know you, you are doing it month by month uhh... (Steven, p.2, l.73–74).

Steven alludes to how far away the pregnancy confirmation seems to him in the present moment despite his knowledge that it only happened relatively recently. He offers an explanation for this ambiguity by saying that progress in the pregnancy happens in a gradual and steady way, "month by month". This confirms Steven's perception of time moving slowly during the pregnancy. It seems plausible to infer that there would have been times during the pregnancy that Steven did not see the progress he might have wanted to see, resulting in feelings of frustration, uncertainty and impatience. By starting and ending his sentence hesitantly, Steven might be, in some way, echoing how time is elongated during pregnancy.

Kevin also talked about keeping his emotions to himself, wanting to show compassion for his wife and not burden her any further.

I think you definitely wouldn't want to talk about things

you are worried about because umm it's umm the woman is obviously doing something, a lot more of the difficult work that, uhh, you wouldn't feel (Kevin, p.2, l.85–87).

Kevin reflects on his perception that expectant fathers keep their worries to themselves so as not to add to the load that the pregnant woman is already carrying. Given that the woman is experiencing all the physical demands of pregnancy, together with the psychological and emotional impact that that has, men, according to Kevin, judge their own experience during pregnancy to be less challenging than a woman's. In some way, it seems that Kevin perceived his own difficulties as less valid compared to those of his wife. As a result, he did not share his fears and anxieties with his wife, which perhaps left him feeling lonely and unsupported at times.

Dylan's infertility constraining him and his wife to IVF was a tormenting experience for Dylan and left him feeling isolated.

Our friends are like really fantastic people, but there is an empathy which I think you only really get if you've been through, well I imagine you only get then through the uhh the process, or maybe it's difficult if you don't want children yourself to relate to someone who feels that they might not be able to have children at all (Dylan, p.2, l.88–92).

Dylan suggests that he felt unsupported by his friends, despite them being "fantastic people", and struggled to relate to them, because they could not grasp the enormity of what he was going through. As such, he felt unable to share, and therefore had no outlet for, the difficulties he was experiencing. It is plausible that Dylan's sense of belonging was threatened and that he felt lonely and his interview reflected the fact that the pregnancy confirmation did not necessarily put an end to these feelings.

For Hugo the pregnancy had made him feel trapped and isolated. Not only did he have to give up some of his hobbies already, but he was also spending his free time preparing for his baby's arrival, which, in combination, diminished the enjoyment he could get from life. He said:

Like umm I just can't do that anymore and it is, yeah it is a bit uhh it makes you feel a little, like I feel sort of trapped (Hugo, p.14, l.617–618).

And you just sort of feel increasingly cornered into a smaller uhh life or something (Hugo, p.14, l.626–627).

Hugo asserts that is unable to do the things he used to enjoy previously, which, amongst other things, included going "to beat some bells with a bamboo stick at the weekends like I use to do" (Hugo, p.14, l.614). With this Hugo is referring to the lack of autonomy, even spontaneity, which he had been experiencing in his life since the pregnancy confirmation. No longer able to engage in simple, pleasurable activities in the outdoors, Hugo felt like he was losing the small joys in his life.

3.4 Anticipating fatherhood

The fourth and final superordinate theme "Anticipating Fatherhood" centres on the participants awaiting the birth of their baby, and thus fatherhood. It reflects how the par-

ticipants' identities had evolved since learning that they are to become fathers and documents how they were actively preparing, albeit to varying degrees, for life with a baby. Every participant expected his life to change in a fundamental way following the birth of his baby and reflected on his fears and expectations for new fatherhood. The participants all aspired to be actively and equally involved, compared to their partner, in the parenting responsibilities once their baby was born.

Steven felt that his mind set had changed as a result of the pregnancy and that he had become more mature since learning that he was going to be a father.

I guess I kind of changed my mind set a little bit, I have kind of matured and become a bit more umm I guess a bit more proactive in what I do and how I manage my time and what I do and what my wife, rather than kind of being told to do things, I kind of automatically do it (Steven p.14, l.611–614).

Although Steven's use of the terms "I guess", "kind of" and "a little bit" reflects his uncertainty as to the exact degree that he has changed, he nevertheless feels that he has changed since learning that he is about to become a father. Not only has Steven's time management improved, but he has also come to behave in a more responsible and conscientious manner, selectively and spontaneously completing tasks rather than waiting to be instructed to so by his wife. By using the words "mature" and "proactive", both of which carries positive connotations, Steven suggests that he embraces his new way of being.

For some participants, the pregnancy seemed to involve meticulous planning. For example, Matteo said:

So, so now it is kind of, we have a deadline, that has to be finished by the end of November because the baby is coming end of February and we need to do all, we need to do the nursery after that, we have to, like we have a big schedule. So now it's becoming more real and also organising when the parents will come, during the birth, after the birth, and before, who is going to come before or after (Matteo, p.2, l.58–63).

Matteo mentions that the builders, who are currently busy renovating their house have been given a deadline of the end of November for the completion of the building works. For Matteo, three months does not seem like enough time, or at least will require a tight schedule, to get the nursery ready. This perhaps suggests that Matteo and his wife have big plans for the baby's room. "We need to" and "we have to" reflects the importance Matteo attaches to establishing, and sticking to, a particular timeline. His use of "during", "before" and "after" further indicates his preference for having things in a particular order.

Virgil, on the other hand, took a more relaxed approach and did not feel compelled to plan ahead. However, this does not mean that he always felt relaxed. Indeed, there were moments during the pregnancy, particularly when Virgil had started to attend antenatal classes through which he was exposed to the plans and preparations of other expectant parents, that he experienced worry and self-doubt.

But yeah as I said other people react differently, they might have everything ready and but you know we are, I think both of us we are more step by step. Step by step we get everything ready and I realise yeah we need that, you know, we are not huge planners. So now we are having the conversation about the bag you need to carry to the hospital, and you don't know what to put in it. Some people would know probably from the second month (Virgil, p.15, l.659–665).

Virgil accepts that expectant couples, due to individual differences, vary in the extent to which they prepare themselves and their surroundings for life with a baby. Describing him and his wife as “not huge planners”, Virgil explains that instead of having a grand plan or following a schedule, they prefer to get ready one step at a time. Virgil states that it is only now, at 28 weeks and thus the beginning of the third trimester, that him and his wife had turned their attention to the hospital bag that they need to prepare and take along with them when it is time for the birth of their baby. Yet, Virgil and his wife remain unsure about what the contents of this bag should be. Virgil contrasts him and his wife's approach to other expectant couples, who might have a clear inventory of what will go in their hospital bag by the second month of the pregnancy.

Many of the participants worried about the loss of freedom that fatherhood will bring. Hugo, for example said:

You can't just go out, or leave and do something. There is a baby to take care of, it's scary (Hugo, p.1, l.92–93).

Hugo accentuates the restrictions that new fatherhood will bring to his life and the pressure that that creates for him. The baby's needs will triumph all, which means that Hugo will be unable to spend his time in the way that he might want to. He admits to finding the loss of freedom beyond birth daunting and it relates to the feelings of frustration and entrapment he has been experiencing during the pregnancy, which had been mentioned previously during the analysis.

Jordan spoke of how he and his friends all regarded a father's role to be of equal importance to the mother.

Like my friends who have either had kids or are having kids, would see a big role for the father, like very active in terms of doing chores, caring for the baby, like changing the nappies, like it is all basically considered very equal (Jordan, p.8, l.356–358).

Jordan asserts that his friends, whether they are parents already or about to become parents, all expect the father to share the parenting responsibilities, in an equal manner, with the mother. This includes doing household chores and looking after and caring for the baby. Jordan's use of “very active” suggests that, for him and his circle of friends, a father's involvement in a child's life is characterised by continuous effort and action. He goes on to say:

And if in any way it was thought to be, especially by the men, thought to be different than that then there would be quite a strong I think social pressure to be like yeah that's really kind of outdated (Jordan, p.8, l.361–363).

Jordan refers to a “social pressure” on a man, particularly from other men, to be an involved father. According to Jordan, if a father was to deviate, “in any way” from this

involved fathering ideal, then his peers would speak up to convey to him that his fathering practice(s) is out-of-date. Jordan is thus noting the direct influence that others have on the kind of father a man is, specifically because they can encourage men to conform to the prevailing attitudes and values of the time in relation to the father role.

4. Discussion

In the introduction it was revealed that men's transition to first-time fatherhood is a complex, unstructured and challenging process and that men frequently express ambivalent feelings during their partner's pregnancy [21, 22, 24, 24–26, 28, 29]. The findings of the current study highlight the emotional and psychological impact of the prenatal period on men in their transition to first-time fatherhood.

In their review of men's psychological transition to fatherhood, Genesoni and Talandini highlight the prenatal period as being the most stressful time for men undergoing the transition to fatherhood [25]. The authors speculate that the reason for this might be that men must undergo psychological reorganisation during this period. The findings of the present study lend support to this claim by illuminating the psychological impact that the pregnancy had on the participants. Not only did the pregnancy trigger a reappraisal of their lifestyle, resulting in new intentions and subsequent behavioural changes, which is consistent with the findings from Condon and colleagues, but it also caused the participants' self-identities to evolve [33]. As a result of the pregnancy confirmation, and in response to impending fatherhood, the participants had new perspectives, values, priorities and responsibilities. This finding complements, and adds to, some of the findings of Kowlessar's study [34]. Whilst in their meta-synthesis, expectant fathers had only started to re-evaluate what was important to them and began to reflect on their own fathering experiences and visualise themselves in the father role during the third trimester, all the participants in the present study seems to have done so from the moment, or shortly after, the pregnancy was confirmed. Even those participants whose partner was still in the second trimester of her pregnancy, described how their mind-sets and lifestyles had changed as a result of the pregnancy, suggesting that these psychological and behavioural changes are not necessarily confined to the final trimester of pregnancy. Yet, although all the participants described change, the scale of this change varied considerably across the men according to their personal circumstances. However, and in line with the findings from Gage and Kirk, due to more tangible evidence of the pregnancy, the reality of fatherhood increased as the pregnancy progressed [51]. Not only did the participants' psychological involvement increase with the progression of the pregnancy but it also amplified their sense of responsibility.

Although the majority of participants embraced their new identity and alluded to having experienced personal growth as a result of it, which is consistent with the findings produced by Kao and Long, every participant had entered into a world of uncertainty during the pregnancy, which is in line with

much of the research on expectant fathers' experiences during the prenatal period [24, 25, 28, 34, 36, 37, 52]. All the participants anticipated various and profound changes to their personal and professional lives beyond the birth of their baby and worried about their ability to cope with the demands of fatherhood. They were all planning ahead and preparing, to varying degrees, so as to manage, or minimise, the disruption that fatherhood will cause in their lives, which corresponds to the findings from other studies that have shown that men choose to be actively involved in preparing for fatherhood [51, 53]. At the same time, the participants all reflected on how difficult it was to prepare for such an unimaginable future, which added to their feelings of uncertainty, fear and anxiety. Similar to the findings from Deave and Johnson, the participants often did not feel adequately supported during the pregnancy, referring to a lack of information and resources available to them [40]. As a result, they often feel more detached from the pregnancy than they expected or wanted to be, resulting in ambiguity and ambivalence [6, 40]. Whilst most of the studies on expectant fathers have pointed to the ambivalence that men experience during their transition to first-time fatherhood, the present study illuminates and extracts the different pull and push forces that underlie this ambivalence [24, 25, 51, 54, 55].

4.1 Implications for practice

This research project sheds light on a population that is under-researched and who may be reluctant to express their support needs or to seek help. Not only do expectant (and new) fathers feel excluded by maternity services, but they also seem to question their entitlement to support, noting that services are overstretched and 'should' focus on mothers [56]. Moreover, out of compassion for their pregnant partners, who are often their main source of support, expectant fathers don't share many of their difficult experiences during the pregnancy with her, or indeed, anyone [57]. Several participants noted how valuable and important the research interview was for them as it allowed them to reflect on and give voice to their experiences during their partner's pregnancy, which, at two (sometimes three) trimesters into the pregnancy, not a single person had asked them about.

During the prenatal period, an expectant father is left to make sense of who he is, without any support. Raising awareness of expectant fathers' desire and intent to be involved during the prenatal period, can create opportunities to provide more tailored education and social support to this group of men, which can ultimately improve outcomes for the family as a whole [57, 58]. This might include counselling psychologists producing an information resource, in the form of a booklet or perhaps an electronic PDF file, which expectant fathers can get access to at the beginning of their journey towards fatherhood. Furthermore, counselling psychologists understand the importance of letting clients talk freely and openly about their experiences in a safe space and more needs to be done to give expectant fathers the opportunity to talk about their experiences, and their changing sense of self, during the transition to fatherhood. This could be done

by signposting to counselling services in maternity waiting rooms or GP offices. Not only will counselling provide an outlet for them but it can also help them to cope with the uncertainty and fear that seems inherent to the transition to first-time fatherhood. It seems that expectant fathers need to do so separately from their partner however because her presence might increase his reluctance to share openly and freely, out of his need to want to protect her from any additional stress. Individual sessions, or even group sessions with expectant fathers, might therefore be more appropriate.

4.2 Limitations and ideas for future research

In light of the significant gap of literature on the experiences of expectant fathers during the prenatal period, this study could be perceived as a preliminary starting point for further research. A major limitation is the small size of the sample. Moreover, and similar to most studies that investigate the transition to fatherhood, the sample of participants were predominantly white, middle class and tertiary educated. In fact, these demographics are overrepresented in research in general [59]. As a result, the men who were included in the study are therefore unrepresentative of expectant fathers in general and limit the transferability of the findings to men from other social backgrounds. Future studies might conduct similar research on expectant fathers from other ethnicities and/or those from working class backgrounds as they may face distinct challenges during the prenatal period in their transition to first-time fatherhood. It would also be valuable to explore the experiences of expectant fathers who choose not to cohabit with their pregnant partner, recognising that a man might embrace his role as a new or expectant father without necessarily wanting to be in a relationship, or reside with, the mother of his child. Such research can facilitate more complex and nuanced understandings of men's experiences in their transition to first-time fatherhood. Additionally, whilst this study focused on expectant fathers, I acknowledge the increasing diversity of family life. As such, it is important for researchers to explore the experiences of same-sex partners, or partners who are not the biological father of the unborn baby, during the prenatal period. These foci can generate awareness and debate about the new trends of expectations and experiences of expectant and new parents, which, in turn, can help to identify the support resources that these individuals might need during this period.

In order to promote the health and wellbeing of expectant fathers during their transition to first-time fatherhood, research need to establish the kind of support that fathers would find helpful and/or acceptable. Whilst a couple of the participants in the study suggested that they would have appreciated antenatal classes that are tailored specifically to expectant fathers, further research can establish a variety of sources through which expectant fathers might be supported. This includes how and when it is delivered and by whom. Additionally, future research should investigate how men would perceive the introduction of routine antenatal mental health assessments on expectant fathers as well as their receptiveness to healthcare settings promoting and improving

access to counselling services for expectant fathers during the prenatal period.

5. Conclusions

Fatherhood is in a constant state of flux. Whilst the ideal of involved father is increasingly promoted in society, it is done against a societal backdrop which is slow to change its inherent conceptions of fatherhood [42]. As such, there is a disparity between what fathers expect the transition to fatherhood to be compared to what it turns out to be in reality. A lack of acknowledgement, inclusion and support from healthcare professionals, particularly within maternity pathways, are at odds with expectant fathers' desire and intention to be involved in all aspects of fatherhood, including pregnancy. This study utilised IPA to provide an in-depth exploration of the lived experiences of seven expectant fathers during the prenatal period. Its findings suggest that counselling psychologists can play an important role in supporting expectant fathers during this complex and challenging time in their lives.

Author contributions

The main author, LAMH, carried out the research, data analysis and writing up of the project, including this article. The second author, CW supervised the research project throughout.

Ethics approval and consent to participate

All subjects gave their informed consent for inclusion before they participated in the study. The study was conducted in accordance with the Declaration of Helsinki, and the protocol was approved by the Ethics Committee of City University London (ETH1819-0059).

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Conflict of interest

The authors declare no conflict of interest.

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