

The experience of black fathers concerning support for their wives/partners during labour

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The goal of this article was to describe the experience of black fathers concerning support for their wives/partners during labour. The research design entailed an exploratory, descriptive, qualitative study that was contextual to clinical nursing. A phenomenological approach to nursing research was utilized, whereby unstructured interviews were conducted with ten black fathers. Two groups of black fathers were purposively selected for the study. Group 1 consisted of fathers who provided support to their wives/partners during labour and Group 2 consisted of fathers who did not provide support during labour. A literature control was undertaken to verify and recontextualize data. The results indicate that most of the fathers in Group 1 experienced negative feelings of nervousness, helplessness and anxiety due to lack of information concerning childbirth. These were coupled with positive feelings such as excitement, overwhelming delight and a sense of miracle. Most of the fathers in Group 2 expressed a feeling of wanting to be there. Lack of information, fear and cultural factors were identified as stumbling blocks. Conclusions drawn from the study included positive attitudes that needed to be enhanced as well as negative attitudes that needed counteracting. The guidelines were based on overcoming the following: cultural taboos; lack of knowledge and fears concerning childbirth; lack of interest in childbirth; and childbirth being regarded as a woman's department.

Introduction

Fathers who have the experience of participating in the birth of their child can often hardly contain their enthusiasm. It is these exuberant partners who will continue to sell the educational programmes about their experiences of providing support to their wives/partners during labour. Word of mouth is the strongest ally (Sasmor, 1979: 143). The father's participation in the delivery room, with respect to the experience itself, is very often more valuable to the couple than the delivery itself. It enhances the birth process many times over and makes it a lasting, memorable experience (Sasmor, 1979:147).

Fathers' descriptions of the labour proc-

ess vary from "meaningful" and "valuable" to "a necessary evil", and a period of helplessness for them and time of pain for their wives. Several fathers have recounted the events of their child's birth tearfully, describing it as the "best experience I have had in my life" (Handshin, 1981:51).

Lowdermilk & Perry (2006:403) point out that there is joy in having a baby, and joy is an experience worth sharing. Conception is a psychological as well as a physiological experience of a man and woman creating a new life; birth can be no less. Conception is the experience of three (or more) people. Involving the father in the birth of his child dispels feelings of alienation,

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unimportance, helpless inaction and insignificance.

A case study described by Leifer (2003:161) refers to a 16-year-old unwed mother in labour with her first child who thrashed about, moaning and screaming with each contraction. A nurse remained at her bedside, coaching and comforting, to no avail. Then the adolescent father arrived and was immediately escorted into her room. The young woman continued her labour calmly and unmedicated until delivery. This is illustrative of the potential positive influence on the mother during the delivery process when the father is present and/or involved

Problem Statement

Through infiltration of modern trends into the black culture, fathers are allowed to participate during labour, but only a limited number do take part. While working in the labour ward, the researcher noticed that many fathers accompany their partners only up to the labour ward entrance. This tendency creates a stumbling block to the health status of the family unit as a whole.

The research questions that arise from these observations are:

- i) What are the experiences of black fathers concerning support for their wives/partners during labour?
- ii) What can be done to encourage black fathers to support the mothers during labour?

Purpose and objectives of the study

The purpose of the study was to encourage black fathers to support their wives/partners during labour. The objectives of the research were firstly to explore and describe the experiences of black fathers concerning support for their wives/partners during labour, and secondly to establish guidelines for encouraging black fathers to support their wives/partners during labour

Research and design method

A qualitative, exploratory and descriptive research design was utilized (Burns

& Grove, 2007:241; Cresswell, 2003:179-183). A phenomenological method was utilized to collect data regarding the experience of black fathers who provided support for their wives/partners during labour, and those who did not do so.

The study was contextual in nature since the phenomenon of support was studied "in terms of its immediate context" (Mouton & Marais, 1993:49). The context of the study was the labour wards of specific private and provincial hospitals in the Gauteng region.

Population and sample

The population consisted of all black fathers whose wives/partners had been in labour and were admitted in specific hospitals in the Gauteng province. Saturation of data was reached after five participants were interviewed in each group. A purposive sample (Burns & Grove, 2007: 344) that complied with the following criteria was utilized:

- i) **Fathers were divided into two groups of five**
Group 1 - Fathers had been present during labour.
- Fathers were selected from a private maternity hospital.
Group 2 - Fathers had not been present during labour.
- Fathers were selected from a provincial hospital.

The choice of private and provincial hospitals in this study was made for the following reasons:

- Fathers were allowed to be present during labour in most of the private hospitals.
- Fathers were actually invited by the nursing staff to be present during labour in private hospitals.
- While working in the provincial hospital labour ward, the researcher had observed that there was a strict policy laid down by the hospital managers. The father had to request in writing to the superintendent that he wanted to be present during the labour of his wife/partner. He then had to wait for the response from the superintendent, which might take weeks. Some of the staff members al-

lowed the father to be present during the first stage of labour, but when the second stage was imminent he was requested to leave the labour room.

- ii) **Fathers might be married or unmarried.**
- iii) **Economic status ranged between low, middle and high.**
- iv) **The fathers must be able to communicate in English, Tswana, Zulu or Northern Sotho.**
- v) **The father's partner must have reached full term pregnancy (36 weeks and above).**
- vi) **The baby must have been alive during labour.**
- vii) **There was no restriction on the father's age.**

Data gathering

Respondents were informed about the nature of the study, which included recording of interviews using a tape recorder; thereafter informed consent was obtained. They were also assured that anonymity would be maintained. Interviews were carried out on day two of the mother's post-partum period, after suitable arrangements had been made with the respondents. Unstructured interviews were conducted by the researcher with both Group 1 and Group 2 respondents.

Data analysis

The researcher and a qualified nursing researcher (coder) analysed the transcriptions independently, using Kerlinger's (1986:479) method of content analysis.

Trustworthiness

The model of Lincoln and Guba (de Vos, Strydom, Fouché & Delpont 2007:345-347) was utilized to establish and maintain trustworthiness of the study. Credibility was enhanced by implementation of the following strategies:

- Member checking, whereby follow-up interviews were held with two of the participants, for validation of data that was already gathered.
- Peer examination, whereby the study was supervised by an expert who is doctorally qualified, and experienced in research methods and is an ad-

vanced practitioner in midwifery. Data was also analysed by an independent coder who was doctorally qualified, with experience and knowledge in qualitative research methods and midwifery.

Transferability was enhanced by giving a thick description with the widest possible range of information, to enable those interested in making a transfer to conclude whether it could be contemplated as a possibility.

Consistency was ensured by using a peer examination strategy, as discussed under credibility, as well as doing stepwise replication under supervision of a mentor throughout the course of the study.

Literature control

The results of the study were discussed in relation to relevant literature and appropriate research studies for control purposes and to verify the results of this research and contextualize the data (de Vos et. al, 2007: 84). Due to lack of adequate literature sources concerning this study in South Africa, the researcher utilized sources from other countries.

Results and discussion

Discussion of the results included responses from both groups (G1 and G2). A representative number of (n=10) was included; 5 black fathers did provide support and 5 did not provide support to their wives during labour. Examples of statements cited by black fathers were quoted verbatim from the transcribed interviews in order to highlight the quality of the experience. The letter n was used to denote the number of black fathers who experienced the theme(s).

The results were based on categories of "Nursing for the Whole Person Theory" (Oral Roberts University, Anna Vaughn School of Nursing, 1990).

Assumptions that are applicable within this theory are as follows:

- The person is seen as holistically consisting of the body, mind and spirit. The body includes all anatomical structures and physiological (bio-

logical) processes pertaining to the individual/family.

- The mind (psyche) includes all the intellectual, emotional and volitional processes of the individual/family. The intellect refers to the capacity and the quality of the psychological processes of thinking, association, analysis, judgement and understanding of which the individual/family is capable. Emotion is a complex state which can be divided into affection, desire and feelings of the individual/family. Volition is a process of decision making in the executing of a choice by the individual/family.
- Spirit refers to that part of the individual or family reflecting his/her/their relationship with God. It also refers to the individual's or family's interaction with themselves and their God.

Results

Group 1 fathers (n=5): (fathers who supported their wives/partners during labour

The body

Four out of five (n=4) fathers provided physically comforting gestures to their partners during labour. One father stated "I was allowed to hold her hand, comfort her in terms of pain". Jolly (in Handshin, 1981:51) points out that the father-to-be can be trained for his role in the labour and delivery room. This includes laying his hands on the mother's abdomen, providing comfort and reassurance and being allowed to hold his baby after delivery, so that the child is not a stranger to him. According to Luxner (2005:83), touch may be used to communicate to the client that dependency is allowed in stressful situations.

Intellect

Three out of five (n=3) black fathers felt the experience was a difficult one; this is supported by the following statements: "It was a difficult experience"; "The experience itself needed me to be a strong person"; "That was not an easy labour". Johnson & Boyd-Davis (2003:121) asserts that it may be difficult for a husband to appreciate how important it is for his wife to have

him with her in labour. On the other hand, he may need talking time with health personnel, and generally appreciates having someone present in the room with him who knows more about labour than he does. It is difficult for him to be supportive when he is concerned about his wife's safety. One husband is quoted in Anzalone (1982:147) as saying "I didn't act crazy like you see fathers on TV. Labour was harder than we expected, and we asked for local anaesthesia. That's OK; really we don't feel that was any kind of failure."

Three of the black fathers (n=3), however, described the experience as a miracle. The following are some of the examples extracted from the transcribed interviews: "It was a miracle", "I saw things that I never thought I would see"; "... and is just something beyond your imagination".

According to Fraser, Cooper & Nolte (2003: 434), idle gossip has no place in the labour ward – it is a place in which miracles take place and behaviour in the labour ward or the room where labour is taking place should be full of the respect that such a happening to a woman should command. Fraser, Cooper & Nolte (2003: 434) writes "This is the great joy of being a midwife: the fact that you are carried in people's hearts and minds forever, are forever associated with a tremendously powerful event. We take part in a miracle every day. We are loved, beloved and cherished". Dennis (in Sumner & Phillips, 1982:46) describes his experience as something that he will remember for the rest of his life.

Two black fathers (n=2) described the experience as one worth the time and effort spent. One respondent stated "I think the experience itself was frightening but it's worth it, it's unlike if you haven't heard anything or you hear something afterwards". According to Littleton & Engebretson (2005:526), participation in the birth is ego building. The father can be of assistance, his presence is important. "A caring person can be worth his (her) weight in Demerol (meperidine)". Jim (in Sumner & Phillips, 1982:78) relates his experience as follows: "I got to hold the baby this time. It was quite a thrill. It was important and a lot different

than before. It was more personal. Nothing really changes, but I had a real sense of satisfaction. It was nice to see that he was healthy and everything else. It was a moment that I'll remember for the rest of my life. I felt more part of it. I wasn't just an observer". In Chapman (1992:116), one woman relates "I don't think it matters that they know how to coach with breathing at this point or that point. I think it is more or less an attitude of 'I am here for you. Whatever it is you want I am here.' And I think it is more of a feeling than probably really what anybody does".

One of the black fathers (n=1) expressed a feeling of increased illumination (mystique) in terms of skills and technique; this is supported by the following statements: "The mystique unfolds", "You experience a thing that has never occurred to you".

According to Fraser, Cooper & Nolte (2003: 434), to start off with and to enable the man to feel at ease and useful, he can be encouraged to do practical things during the labour. Lowdermilk & Perry (2006:403) state that nurses must keep in mind that commonplace events in a labour unit may be mystifying and frightening to the layman. Johnson & Boyd - Davis (2003:121) recommends that fathers be given some tasks to do while the mother is in labour. He can time the duration and frequency of contractions. He can rub his wife's sacral area if that part of her back is causing a great deal of discomfort.

One of the black fathers (n=1) reported having become sympathetic to his partner's feelings. "You become more understanding; showing some passion and companionship"; "You have to encourage, comfort, soothe and be passionate". For the partner, labour is long and gruelling, but it is also one of life's peak experiences, something he will never forget, and something which will help him to understand his partner better (Fraser, Cooper & Nolte, 2003: 434). Luxner (2005:83) asserts that exploration of feelings and the experience of focus in birth are made available through the experiential nature of the process. Men are given a more intimate understanding of labour than is usually the case in childbirth classes. In Anzalone (1982:111), Peder expresses

his experience as follows "seeing someone work – that made me feel I had to do what I could to help her. I would have taken half the pain if I could, but that's impossible. My stomach was grumbling as it was anyway with a full case of sympathy pains. I feel that after a birth like this, I'm closer to my wife. There's closeness now that there wasn't before – some understanding. There's closeness ...".

One of the black fathers described having experienced "woman's sacrifice" while providing support to his partner during labour.

Emotion

Four out of five fathers (n=4) described the experience as a frightening one, owing to their lack of information (knowledge) concerning labour and delivery. "It was a jittering experience"; "I think the experience was quite frightening"; "It was scary at first".

Following her experience, Jean (in Lyon, 1982:58) relates as follows "I had strong five-minute apart contractions all the way down. Carolyn and Mom followed us in their car. They said later that they had been able to tell how I was doing because John would speed up each time I had a contraction". Johnson & Boyd - Davis (2003 :121) state that a husband whose wife is going to deliver by the Lamaze prepared method of childbirth has an active role to play, as he serves as her coach throughout labour. (The method involves active exercises, relaxation and breathing techniques performed by the mother during labour and delivery. The mother is taught to become familiar with the sensation of contracting and relaxing the voluntary muscle groups throughout her body.) He advises, "Be certain to reassure him that, although he will take an active part, you will also be readily available as a support system person. It is frightening for him to think that the good and bad outcome of this labour rests solely on him".

Three of the black fathers (n = 3) viewed the experience as arousing great interest and enthusiasm. Some of the black fathers' expressions were: "It was quite exciting"; "I was just overwhelmed"; "I felt it was the greatest day of my life".

Men are discovering, with their wives,

that the birth of their own children can be the most joyous and ecstatic experience that this life has to offer (Leifer, 2003:161). Sharon's husband (in Anzalone, 1982:118) related his experience as follows: "Next we got on the phone and called neighbours who had our little girl and said, 'Hillary, your sister would like to talk with you'". This was another time when I felt overwhelmed and had tears, saying something simple like 'You'll get to see her tomorrow.' Joy and tears were all mixed together."

Two black fathers (n=2) described the experience as a pleasant one. Quotations from the transcribed interviews are as follows: "But it was OK as far as I am concerned"; "It was a nice experience".

According to Peder in (Anzalone, 1982:110), the birth of the second baby that they had was really 'super'. He relates that "Everything was controlled, and even the labour was good. It was really nice – I don't know how to express it best. It's nice to see that fathers are getting more into the birth thing than they have in the past. You don't see the husbands' waiting room so full. I think it's partly the husband's job as much as the wife's job to have the baby."

Only one black father (n=1) experienced a state of being worried. "Your emotions are a little bit unsettled."

Fathers' presence during childbirth can, however, be detrimental in that it can actually slow down labour. This can be understood by appreciating that mothers need to concentrate during labour and an anxious father who talks too much or who is over-fearful might distract his partner (Klossner & Hatfield, 2006:198). According to Lowdermilk & Perry (2006:403), the nurse should not imply that the father is not doing a good job in comforting his partner; this will undermine his confidence and probably raise his anxiety about his ability to carry out his role.

Volition

Three out of five (n=3) black fathers experienced a feeling of helplessness whilst providing support to their partners during labour. "I was just ... uh ... helpless trying to talk her out of the

pain"; "But you feel paralyzed if you realize that you can't do anything physically"; "I could not help my wife."

Leifer (2003: 161) point out "The nervous father waiting in helpless ignorance in the middle of the night has long been a standard subject for cartoonists, along with desert islands and mothers-in-law. Today, however, such men are becoming figures of the past". In describing a study that she conducted, Chapman (1992:117) points out that partners witnessing the labour process believed that there was little they could do physically to help their partners through labour.

Spirit Aspect

Four of the black fathers (n=4) described the experience as a valuable one that facilitated bonding between mother-father-infant; this is supported by the following statements: "I felt more attached to my wife and my child"; "It strengthens your bond towards your wife."

Antle, as reported by McLaughlin and Taubenheim (1983:9), states that psychological research into father participation in the childbirth process has shown that his participation in the birth experience is important to the family unit, the mother-father relationship, and the father-infant relationship. Lowdermilk & Perry (2006 : 403) state that the entry of the father into the delivery room has changed and enriched the relationship between women and their mates, and possibly the relationship between men and their children.

Three of the black fathers (n=3) described the experience as one which made them feel responsible for their actions: "I felt it was my responsibility"; "You realize it is part and parcel of your responsibility."

According to Littleton & Engebretson (2005:526), therapeutic nursing actions convey to the father several important concepts. First, he is of value as a person. Secondly, he can learn to be a partner in the mother's care. Gilbert, (2007:124) state that the father will have shared conception, most of the pregnancy and some of the planning of labour. Exclusion of this partner may weaken the confidence of the indi-

vidual.

Group 2 fathers (n=5) (Fathers who did not support their wives/partners during labour)

Guidelines for encouragement of black fathers to support their wives/partners during labour were derived from the information gained from fathers who were not allowed to be present during the labour process

The Mind Aspect

Intellect

Four out of five black fathers (n=4) expressed a feeling of curiosity. "I am really looking forward to having that experience"; "I am not quite happy about the fact that I was not invited, though I wanted to be there."

Three of the fathers (n=3) expressed a feeling of being uninformed. Some of the quotations from the transcribed interviews are the following: "But unfortunately I was not informed"; "I was not told that men are allowed to go into theatre."

Two out of five black fathers (n=2) experienced a feeling of not being allowed to give help to their partners during labour. "I think that is the time when the expectant mother needs support of the husband or the father."

Two of the black fathers (n=2) reported their experience as lack of an opportunity to increase learning. "In future I can help some other people who are having the same problem"; "It could have taught me a lot about caring."

Only one black father (n=1) regarded the labour ward as a woman's department. "To me, it is a woman's department". One out of five black fathers (n=1) expressed a feeling of not being influenced by his lack of involvement in providing support to his partner during labour. "I rather didn't want to be there."

One out of five black fathers (n=1) experienced provision of support during labour as of minor importance. "I realize she's feeling pains, but all women have undergone such a thing, and to me is a minor thing."

Emotion

Three of the black fathers expressed a

feeling of unhappiness at not being able to provide support during labour. "I felt bad, but I could understand, if they say I am not allowed"; "I did apologize for not being there"; "Well, I feel very sorry." Three out of five black fathers (n=3) experienced a feeling of envy due to not being able to provide support during labour. "It would be a good thing for men to see as well."

Two of the black fathers (n=2) experienced fear related to provision of support during labour. "I can't stomach looking at her crying and doing all the things that people have said"; "I do love her, and I wouldn't like to see her experiencing that pain."

One black father expressed a feeling of ambivalence about providing support to his partner during labour. "It was a mixture of anxiety and excitement."

Spirit

Three out of five black fathers (n=3) considered that because it is or was a cultural taboo, there was nothing wrong when they did not support their partners during labour. "My culture doesn't allow me"; "To me, concerning culture of an African, it was not bad."

Only two black fathers (n=2) accepted that they should have been present. They stated that this idea of the father being present during labour was sparked off by the infiltration of Western culture, and they as fathers now function within this Western culture (modern world).

Conclusions, limitations and recommendations

Conclusions drawn from the study included positive attitudes that could be strengthened further, such as appreciation for both mother and baby; facilitation of bonding between mother, father and baby; labour and delivery being regarded as a worthwhile experience, a miracle; an overwhelming and exciting experience. There were also negative attitudes (lack of interest: men witnessing childbirth regarded as a cultural taboo; fear and lack of information regarding childbirth, childbirth being a woman's department) on the basis of which guidelines were formulated to

enhance the support that fathers give to their wives/partners during labour.

Generalization of the results is precluded by the small population sample utilized; hence larger samples may be utilized to validate these findings.

Further research studies could be conducted on: the effect of support provided by the fathers to their wives/partners during labour and the role of the father during labour.

Guidelines for encouragement of black fathers to support their wives during labour

Policy formulators of health care systems should come up with guidelines to encourage fathers to support their wives during labour. Such guidelines could include the following:

Where a cultural taboo concerning childbirth is a problem, the following strategies could be implemented:

- Provide lessons on radio.
- Give talks at churches and community halls.
- Give talks at youth clubs.
- Incorporate lessons in the life skills programmes at school.

Where lack of knowledge concerning childbirth is a problem, the following strategies could be implemented:

- Disseminate information through the mass media.
- Encourage fathers to attend antenatal classes with partners.
- Hold discussions between the prospective parents and midwives and doctors.
- Arrange debates on the subject in an informal setting at community or group level.
- Information could be imparted by the mother (the mother can share the information, based on her knowledge, with the father).

Where fear concerning childbirth is a problem, the following strategies could be implemented. Encourage the father to:

- Verbalize his fears with the midwife

- Share his feelings with other fathers at the antenatal classes
- Watch videos concerning childbirth at antenatal classes
- Simulate support during labour
- Invite other fathers who were present during labour to share their experiences.

Where childbirth is regarded as a woman's department, the following strategies could be implemented:

- Midwives could invite fathers to the antenatal classes and the labour rooms.
- Midwives could reassure the fathers.
- Doctors could encourage fathers to support their spouses.
- Discussions could be held between fathers and other male health professionals.

Where lack of interest concerning childbirth is a problem, the following strategies could be implemented:

- Invite fathers to attend antenatal classes.
- Show fathers videos.
- Hold discussions with them on the topic.
- Allow them to ask questions.
- Arrange for them to visit the labour room.
- Educate them about the value of their involvement during childbirth.

Lastly, where the father is prevented from providing support by health professionals, the following strategies could be implemented:

- Make a research report such as this one available to such maternity departments, to enlighten them about the experience and expectations of fathers.
- Conduct in-service training sessions, workshops and conferences for the maternity staff.
- Support fathers during pregnancy and labour through counselling.

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