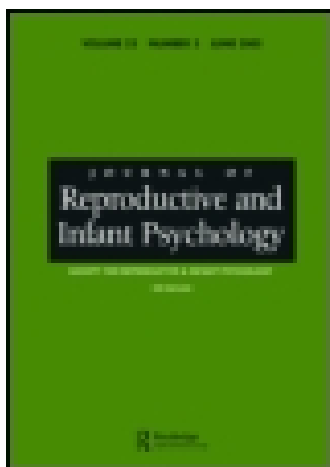


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The pregnant male: a metasynthesis of first-time fathers' experiences of pregnancy

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The pregnant male: a metasynthesis of first-time fathers' experiences of pregnancy

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Objective: To synthesise qualitative study findings in order to gain an understanding of fathers' experiences of pregnancy. **Background:** As the transition to fatherhood can be challenging, awareness of the factors facilitating or hindering expectant fathers' adjustment is important. Our aim was to better understand the experiences of men during this significant life cycle phase, and to use this knowledge to advise health care professionals on how best to support men during this transition. **Methods:** We used Noblit and Hare's metasynthesis approach to review and synthesise 13 qualitative studies relating to expectant fathers' experiences of pregnancy. **Results:** The synthesis revealed five super-ordinate themes, which captured the emotional, psychological and physiological experiences of the expectant fathers during pregnancy: (1) Reacting to early pregnancy; (2) On the outside looking in; (3) The pregnant male; (4) A journey of acceptance; and (5) Redefining self as a father. **Conclusion:** Possible clinical implications and limitations of the metasynthesis approach are discussed. Relevant recommendations on how health professionals and services can be more effectively supportive of men during this period are outlined.

Keywords: fathers; men; metasynthesis; pregnancy; qualitative; transition

Early father-focused research took on a *pathologising* attitude towards fatherhood (Lupton & Barclay, 1997). As time has progressed, so too have the attitudes towards the role of fathers in parenting; men are now viewed as equally important in the child-rearing process, with more expectations placed upon them (Fenwick, Bayes, & Johansson, 2012). This cultural shift has given rise to a new wave of parenting research which has spread globally over the past 20 years, capturing the attention of researchers from Eastern cultures (Kao & Long, 2004). However, academic discourse in this area has developed more rapidly in Western society, predominately the UK, North America and Australia since the 1950s (May & Perrin, 1985). Nowadays fatherhood routinely features in health, family and social policy contexts (Department of Health, 2009; Draper, 2002).

Although often poorly defined, the current research involving fathers has demonstrated the importance of father involvement not only in their children's development and future psychosocial well-being (Wilson & Prior, 2011), but also in how their partner copes in the immediate postnatal period (Burgees, 2011).

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Despite these new insights, men's role during pregnancy seems to be less well understood. A man tended to be viewed as someone who was essentially there to serve as a form of support for the mother (O'Leary & Thorwick, 2006). This systemic view has been proliferated by models of antenatal health care, which primarily focus on the expectant mother's physical health needs, and marginalises or completely negates those of the expectant father. However, this attitude has been attributed to a poor understanding of expectant fathers' needs by health professionals, a lack of communication, limited availability of male role models and a poor acknowledgement by health professionals of the importance of the father's role during the pregnancy period (Chandler & Field, 1997; Nichols, 1993; Somers-Smith, 1999).

In order to better understand the perspective of expectant fathers during pregnancy, Steen, Downe, Bamford, and Edozien (2011) conducted a metasynthesis of 23 studies published between 1999 and 2010. The studies included men's experiences relating to three areas: pregnancy, childbirth and maternity care. In their metasynthesis, fathers cited a desire to be involved and supportive of their partners during pregnancy, yet they felt excluded and unsupported by maternity services. Despite their insightful findings, Steen et al. (2011) did not give enough consideration to how services could improve future antenatal experiences for expectant fathers. Furthermore, by synthesising and reducing data from three related, albeit diverse topics, from pre- and postnatal periods, participants' experiences of the pregnancy phase lacked depth and detail.

In their synthesis of six studies published between 2002 and 2008 focusing on men's experiences from pregnancy to 14 months after the birth, Chin, Hall, and Daiches (2011) identified three themes: emotional reactions, role, and redefining self and relationship with partner. Men reported feeling distant and detached from the pregnancy process, which was amplified by feeling overlooked in antenatal classes. However, because of the large time frame involved (pregnancy to 14 months post-birth), most of the synthesised data pertained to men's experiences in the postnatal period, with little information based on the pregnancy period. The paucity of detail was precipitated by the small number of studies used in the synthesis, and the overly concise and limited use of quotes from participants to exemplify the themes. Both studies (Chin et al., 2011; Steen et al., 2011) provide limited insights into the psychological and social changes that expectant fathers experience during pregnancy; they are also bereft of perspectives from young, non-white men and men of lower socio-economic status.

Given the importance of the pregnancy period, which has already been emphasised, the aim of this metasynthesis was to address the limitations of the aforementioned studies, by exclusively focusing on expectant fathers' experiences during the pregnancy period, and by including studies not synthesised in the two previous metasyntheses and studies published prior to 1999 and paying careful attention to how the findings can be applied to clinical practice. We intended to provide a more detailed and comprehensive understanding of the emotional, psychological and behavioural changes that some men experience during their journey to fatherhood, and help inform the understanding and clinical practices of health professionals who routinely come into contact with expectant couples.

Methodology

Systematic literature search

We searched the following databases: Web of Science, PsychINFO, MEDLINE, Ovid MEDLINE R, PubMed, Embase, Maternity & Infant Care, and AMED (Allied & Complimentary Medicine), to yield English language studies that investigated expectant fathers’ experiences of pregnancy, using qualitative methodologies published in any year. As the subject of men’s experiences of pregnancy, within fatherhood research, is a relatively new area, this strategy initially identified 608 studies.

Inclusion and exclusion criteria

Consistent with systematic review methodology, we applied strict inclusion and exclusion criteria to filter studies for relevance. All 608 study titles were read, which resulted in 56 duplicate and 121 irrelevant studies being removed. The abstracts of the remaining 431 studies were read and measured against the criteria outlined in Table 1; this resulted in 11 relevant studies being identified. Back-chaining of references identified another two appropriate studies, giving a total of 13 studies that met our inclusion criteria. *Google Scholar*, the *Journal of Reproductive and Infant Psychology* and *Qualitative Health Research* were searched for additional studies using simple broad-based search terms (Flemming & Briggs, 2007), but yielded no additional results.

Table 1. Inclusion and exclusion criteria.

Study Parameters	Inclusion Criteria	Exclusion Criteria
Sample/ population	Men as primary informants including : First-time expectant fathers Experienced fathers Men from Eastern and Western cultures	Women
Study focus	Studies that examine men’s experiences, perspectives, perceptions of the <i>pregnancy period</i> as the subject of interest	Post-partum topics: Postnatal adjustment periods Postnatal depression Childbirth Women’s/ mothers’ experiences These are separately researched phenomena
Methodology	Studies that use qualitative methods for data capture and analysis including: Interviews, focus groups, phenomenology, grounded theory, thematic analysis, content analysis	Studies that (only) capture quantitative data and use quantitative methods of analysis
Language Study type	Studies written in English Primary research	Studies not written in English Book reviews, opinion pieces, unpublished theses, literature reviews, non-peer-reviewed journals

Results of search strategy

We identified 13 qualitative studies exploring men's experiences of pregnancy at the end of the literature search process. Table 2 outlines the methodology, main findings and participant characteristics of the 13 studies. Our search result included five studies that were included in Chin et al.'s and Steen et al.'s synthesis, but we also synthesised findings from eight additional studies that were not previously mentioned in their reviews.

Critical appraisal process

We used the Critical Appraisal Skills Programme (CASP; <http://www.casp-uk.net/>) in conjunction with guidelines endorsed by Walsh and Downe (2006). The CASP is a validated, structured and subjective rating instrument, which consists of 10 items concerned with rigour, credibility and relevance. An independent researcher re-rated our ratings and categorisation process of all 13 studies for reliability. Overall inter-rater reliability was 69%, which is deemed acceptable for interpretive qualitative research (Armstrong, Gosling, Weinman, & Marteau, 1997). There was unanimous agreement on nine studies and minor discrepancies with four; however, these did not affect the overall categorisation of those studies.

Characteristics and quality of the included studies

All 13 studies were included in the metasynthesis. The CASP highlighted some variation between studies in terms of their methodological rigour, credibility and relevance. The 13 studies represented 281 men from diverse cultural backgrounds, including the UK, the US, Sweden, Australia and Taiwan. Participants' socio-economic status ranged from lower to middle class, and they covered a broad age range (16–59 years).

Two studies (Armstrong, 2001; O'Leary & Thorwick, 2006) pertained to men's experiences of pregnancy after having experienced a prior perinatal loss. While it could be argued that their needs, expectations and anxieties during the pregnancy period are similar to those of expectant fathers who have not experienced any loss, it could also be assumed that the phenomenological content of their experiences would have been strongly influenced by their previous losses. However, our exploration of the subject revealed that men's experiences of pregnancy following prior perinatal loss is not a commonly researched area, and therefore their inclusion added more depth to the phenomenon of men's experiences of pregnancy as a whole.

The majority of studies gave adequate details on participant demographics and included a mixture of homogenous, multicultural men from Eastern and Western cultures. They also reported how and where participants were recruited. However, one study (Fenwick et al., 2012) failed to report any demographic data, apart from the sample consisting of both novice and experienced fathers. Sample sizes differed greatly between studies, ranging from four (Armstrong, 2001) to 53 participants (Barclay, Donovan, & Genovese, 1996). The authors of one study (May, 1982) used 20 participants for their study but also included interview data from another 80 participants, with no demographic or recruitment information being given.

Data collection methods also varied greatly, and consisted of semi-structured or in-depth interviews, focus groups, behavioural observations and structured diaries. The most common data capture method was semi-structured interviews, used in

Table 2. Study characteristics.

Study	Author(s)	Participant Characteristics & Sampling Methods	Data Collection	Methods	Analysis	CASP Rating (Score)
1	May (1982)	American sample 20 expectant (first-time) fathers, who were living with their partners 13 white, 3 Filipino, 1 black	11 men were interviewed 2-4 times, 9 were interviewed once. 2 hr in-depth interviews were used Also included were brief interviews with 80 other expectant fathers (varying stages of pregnancy) and participant observation in antenatal classes Data collected over 2 years	Naturalistic methodology based on social constructions theory	Comparative content analysis for qualitative data (Glaser, 1978)	A (8)
2	Donovan (1995)	Middle- to low-middle-class earners and occupation Australian sample 6 men whose partners were in the 2nd trimester recruited from one antenatal group Purposive sampling used All men were middle-class	Participants attended 4 meetings (2-3 hours each) over a period of 8 weeks held in a medical practice setting Individual interviews were held after the final meeting to consolidate and confirm the accuracy of the interpretation of the data	Grounded theory	Axial coding	A (8)
3	Barclay, Donovan, and Genovese (1996)	Australian sample 53 men were recruited via antenatal classes from 2 hospitals and 1 community centre 52 men were novice expectant fathers. One man had a child from a previous marriage Sample was homogenous	Recorded focus groups The focus group lasted 30-45 minutes and was led by a male midwife who was also a father and received training to facilitate focus groups. A full debrief was conducted at the end of each focus group	Grounded theory	Axial coding	A (8)

(Continued)

Table 2. (Continued).

Study	Author(s)	Participant Characteristics & Sampling Methods	Data Collection	Methods	Analysis	CASP Rating (Score)
4	Armstrong (2001)	American sample 4 expectant fathers (3 white, 1 black) whose partners were pregnant. All fathers had experienced a prior perinatal loss during the second trimester over a period of two years. None had fathered children since their loss 2 fathers were experienced parents and 2 were novice UK sample	One unstructured One semi-structured interview 3–4 weeks after the first interview 45–90 minutes	Phenomenology	Unspecified analysis method	B (7)
5	Draper (2002)	18 novice and experienced fathers recruited from antenatal classes (NCT) in north of the UK during 1998 Snowball sampling was used	Semi-structured interviews were conducted twice during the pregnancy Interview length not specified	Longitudinal ethnographic approach	Not made explicit	B (7)
6	FinnbogadÓttir, Svalenius, and Persson (2003)	All men were white, middle-class, tertiary educated and in stable relationships Swedish sample First-time expectant fathers 7 multicultural men who attended antenatal classes and were co-habiting with a healthy mother-to-be	3 preliminary focus groups were conducted to inform the interview schedule This paper is based on data from the 1st interview (during the 2nd trimester) on men's experiences of pregnancy confirmation Interviews conducted at 38th and 39th week of pregnancy One semi-structured interview Length not specified	Qualitative inductive method	Content text analysis (Burnard, 1991, 1996)	A (9)

7	Kao and Long (2004)	Taiwanese sample 14 first-time expectant fathers recruited purposively (25–43) All men came from professional backgrounds (managers, lawyer) all well educated All participants spoke Chinese, all data had to be translated to English and checked by English-speaking people in the UK. Back translation was used in a methodological manner American sample 10 expectant fathers who had experienced a perinatal loss within that year Age range: 28–59 Purposive and snowballing techniques were used to recruit expectant fathers from a convenience sample UK sample Purposive sampling was used to recruit 14 expectant fathers 8 first-time and 6 experienced fathers Participants were recruited from a hospital in London during routine antenatal scans and from a purpose-built website Heterogeneous sample was achieved	One in-depth interview conducted between 34th and 36th week of pregnancy Length not specified	Phenomenology	Data analysed using Colaizzi's (1978) method Rigour was obtained using Guba and Lincoln's method (1982)	A (8)
8	O'Leary and Thorwick (2006)		One 60–90 minute Semi-structured interviews were conducted between 23 and 34 weeks' gestation	Ethnographic descriptive phenomenology approach	Giorgi's method of analysis (1997) was used	A (8)
9	Brennan, Marshall-Lucette, Ayers, and Ahmed (2007)		One 60–90 minute semi-structured interview was conducted with the men alone The male interviewer adopted an open-ended conversational style	Phenomenology	Thematic content analysis based on the work of Colaizzi (1978) and Boyatzis (1998)	A (9)

Bracketing (Ashworth, 1999) was used

(Continued)

Table 2. (Continued).

Study	Author(s)	Participant Characteristics & Sampling Methods	Data Collection	Methods	Analysis	CASP Rating (Score)
10	Deave and Johnson (2008)	UK sample 20 first-time fathers 19–37 years old Majority of men were white, 1 Asian, 1 Brazilian from different socio-economic backgrounds	Semi-structured interviews (25–120 minutes) Participants interviewed twice: during the last trimester and 3–4 months postnatal	Not stated	Content analysis	B (6)
11	Wilkes, Mannix, and Jackson (2011)	7 Australian expectant fathers (aged 16–22) were recruited via an antenatal clinic in a major metropolitan hospital. All pregnancies were unplanned No demographic data stated	Semi-structured interviews	Narrative methodology	Not stated	B (6)
12	Fenwick, Bayes, and Johansson (2012)	Australian sample 12 expectant fathers were recruited via convenience sampling from a hospital Sample consisted of both novice (n = 5) and experienced fathers (n = 7) No demographic data given UK sample	Participants were interviewed once and for about 1 hour 32 (30–90 minutes) unstructured interviews were conducted across 3 time points (2nd and 3rd trimesters)	Qualitative descriptive design using principles of grounded theory	Thematic analysis	B (7)
13	Dolan and Coe (2011)	5 white first-time fathers recruited from health service aged 28–33 years old	In-depth interviews conducted on 2 occasions (4–8 weeks before birth and 4–8 weeks after the birth) Length: 90 minutes on average	Not stated	Not stated	B (5)

eight out of 13 studies. One study used a focus group and the remaining studies used unstructured interviews. Behavioural observations were used in one study, as well as semi-structured interviews (May, 1982), to capture objective data on men's behaviours in childbirth classes over a period of two years. The author did not adequately outline how the behavioural data were analysed or at what time points the interviews were conducted. Fenwick et al. (2012) asked participants to complete personal diaries in addition to participating in unstructured interviews; only six out of 12 participants completed the diaries. As they were mainly experienced fathers, this may have biased the overall findings. Additionally, participants were interviewed before and after the birth of their baby. As the topic under investigation remained the same at each time point (their experiences of pregnancy), it could be argued that the men's accounts could have been influenced by their post-birth experiences, affecting the accuracy of their narratives.

Due to the variability of methodological approaches used, the methods of data analysis also varied. The majority of studies had clear outlines of the frameworks that were used. These included: (1) Grounded theory; (2) Phenomenological approaches; (3) Ethnographic approaches; (4) Content analysis; (5) Content text analysis (Burnard, 1991, 1996); (6) Thematic analysis based on Colaizzi's (1978) and Giorgi's (1997) methods; and (8) Comparative content analysis (Glaser, 1978). Some studies demonstrated a weakness in the reporting of reflexivity processes as well as failing to outline how the credibility and trustworthiness of the data were achieved.

Metasynthesis

We chose Noblit and Hare's (1988) seven-step approach to guide the metasynthesis process. According to Bondas and Hall (2007), it is the most widely used and developed method for synthesising qualitative data and has been used in a wide variety of health-related research areas (e.g., Beck, 2002). This approach utilises a systematic, transparent and scientific theoretical framework from which the metasynthesis is conducted. In contrast to an aggregative meta-analysis, this approach relies on interpretive processes (Walsh & Downe, 2005). An outline of the metasynthesis stages used is given below.

- (1) Deciding on a phenomenon: expectant fathers' experiences of pregnancy.
- (2) Deciding on what qualitative studies are relevant to the research question: rigorous inclusion and exclusion criteria were created; only peer-reviewed studies were included, as their quality had been already assessed. After the search process was completed, all studies were assessed for relevance according to this criterion.
- (3) Becoming familiar with the studies: we read the studies that were going to be included in the synthesis several times and extracted detailed demographic, methodological and original key concept data, which we tabulated from all 13 studies.
- (4) Determining how the studies related to each other: the findings from the studies were carefully compared against each other to see if the data were directly comparable (reciprocal translation), in opposition (refutational) or represented a new line of enquiry. The themes were sufficiently similar to allow reciprocal translation, but attention was paid to studies containing themes that stood out.

- (5) The process of translation: this stage involved a comparative scrutiny of themes and concepts between all the studies. We looked for similarities using hermeneutic intent (Jensen & Allen, 1996) and translated themes, using interpretative processes, from one study into the next and so on while being mindful to preserve the integrity and intricacies of the original data.
- (6) Synthesising translations: once the studies were translated into each other, we clustered the themes together according to their interpretative meaning and relationship to each other. Clustered themes were reconceptualised to formulate an over-arching umbrella theme, which offered a new holistic interpretation.
- (7) Expressing the synthesis: we expressed the resulting synthesis in written and diagrammatic form. The written form offered a comprehensive description and discussion of the themes. The diagrammatic formulation provided an insight into the relationship between themes, which constituted men's experiences of pregnancy.

Findings

As this study was exploratory in nature, a priori hypothesis was not required; this approach enabled us to maintain an open mind when engaged in the interpretive analytical process and conceptualising emergent themes. The synthesis yielded five over-arching themes, which contained seven sub-ordinate themes. Despite variations between studies, in terms of the methodological approaches, remarkable similarities were noted between men's narratives, denoting a shared essence of the meaning of the experience of pregnancy. Figure 1 illustrates the relationship between the super-ordinate and sub-ordinate themes, and denotes the stage-like temporal trajectory of men's experiences throughout the pregnancy process.

Super-ordinate theme 1: Reacting to early pregnancy

The most vivid and commonly talked about experience by expectant fathers, across all the studies, was their diverse, sometimes conflicting, emotional reactions during the first trimester. This super-ordinate theme comprised two distinct sub-ordinate themes, each with their own emotional sequelae.

Sub-ordinate theme 1: Worry

All expectant fathers, across all 13 studies, voiced some form of anxiety/worry in response to their partners' pregnancy; this was the single most powerfully shared experience. Worry appeared to be a normal cognitive process, with many men expressing worries over the health of their partner and unborn baby:

I suppose we're really worried about the woman mainly. What she's going through. (Barclay et al., 1996, p. 15)

Unsurprisingly, health-related worries were more of a feature in the narratives of expectant fathers who had experienced a prior perinatal loss:

Every time I talk to her during the day at work, is the baby moving? I like to be reassured that, yeah, it's still moving fine, it's still kicking. (O'Leary & Thorwick, 2006, p. 81)

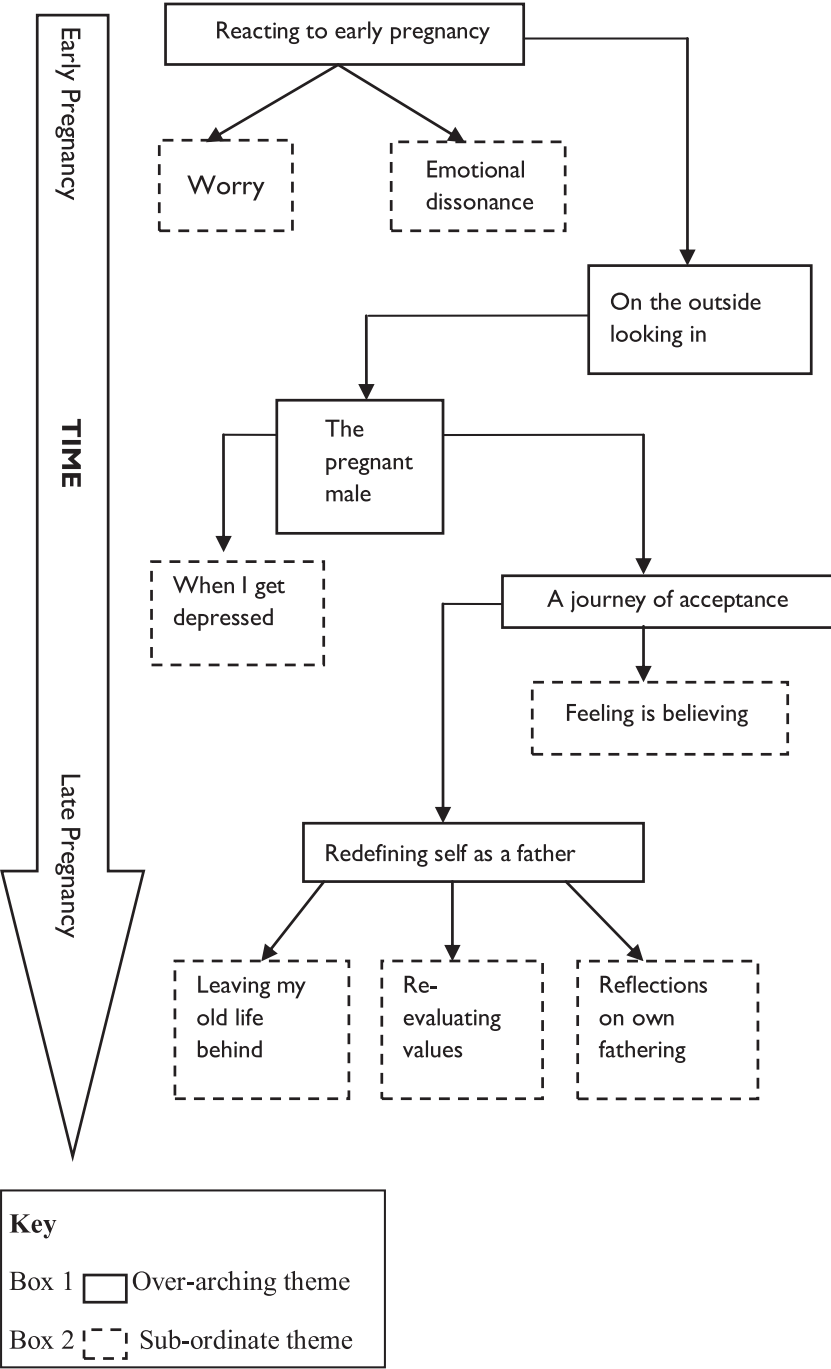


Figure 1. Diagrammatic formulation of expectant fathers' experiences of pregnancy.

Some men worried about being present during the labour:

That's one thing that I'm not looking forward to is being there, seeing her in so much pain and not being able to do anything about it. (Barclay et al., 1996, p. 19)

Other men worried about fulfilling the responsibilities and expectations associated with their prospective role:

Well I guess I was worried about becoming a dad ... it's a lot of responsibility, y'know what I'm sayin'. (Brennan, Marshall-Lucette, Ayers, & Ahmed, 2007, p. 28)

Many men felt insecure and even ambivalent about their new role as father-to-be, which conveyed a palpable sense of apprehension in their narratives:

I don't know how to interact with my child when she's born ... I've never been a father, so I feel quite terrified. (Kao & Long, 2004, p. 64)

Despite anxiety/worry being a normal part of the experiential journey, entering into a world of uncertainty can leave men feeling ambivalent, overwhelmed and even terrified, something that health professionals should be alert to.

Sub-ordinate theme 2: Emotional dissonance

Men in 12 out of 13 studies talked about experiencing mixed feelings in response to finding out they were going to become fathers. Experiences spanned the entire spectrum of emotions from joy to disappointment:

From the beginning it was very unreal ... I walked about, was happy, told everybody and became high. (Finnbogadóttir, Svalenius, & Persson, 2003, pp. 98–99)

Well if I'm honest with you I felt a little disappointment since I was hoping for a boy. (Brennan et al., 2007, p. 28)

Men described experiencing a plethora of conflicting emotions at the same time:

Yeah well it was a delight and in a way horror as well. (Brennan et al., 2007, p. 26)

The conflict of emotions took some men by surprise because it contradicted what they expected to feel:

I felt rather guilty about being shocked and maybe even worried and upset at finding out we were pregnant because that sort of seemed an unworthy thing to think. (Fenwick et al., 2012, p. 3)

Paradoxically, men enter into the unknown realm of pregnancy with certain expectations of how they should think and feel; these expectations are self-imposed and imposed by societal attitudes of male hegemony. Internal conflict arises when there seems to be a discrepancy between how men are expected to feel and how they actually feel.

Super-ordinate theme 2: On the outside looking in

This theme marked the next phase of these men's journey through the pregnancy experience, following on from pregnancy confirmation. It related to how men in nine studies felt about the pregnancy during the first trimester. Despite knowing their partner was pregnant, the majority of men felt distant and separate from the pregnancy experience, as the pregnancy was grounded in their partner's body:

I think you try to be involved and you try to ascertain how the pregnancy feels from your partner, but you're always going to be remote. (Draper, 2002, p. 565)

Men in 10 out of 13 studies conveyed that, despite wanting to be involved, their sense of separation and distance was propagated by how they experienced antenatal classes, which inferred that European models of antenatal care are not satisfying the needs of the majority of men:

I don't know, from a male perspective it is like you always feel it's got nothing to do with you at all. You feel left out. You know you can't carry the child or birth the child but you go in there and you just sit on the side and that's it. They don't really tell you what's going on unless you ask. I don't know, it's just not really set up for a bloke at all. It was pretty much like I didn't exist. It was insulting. (Fenwick et al., 2012, p. 5)

During the pregnancy men can feel that their needs are neglected and their role under-utilised. Inadvertent iatrogenic distress is caused by the way in which antenatal services are delivered and the attitudes of health professionals.

Super-ordinate theme 3: The pregnant male

As the pregnancy progressed into the second trimester, some men's experiences appeared to mirror those of their partners, in terms of undergoing similar physiological changes. For these men, it felt as if they were experiencing the pregnancy, first hand, alongside their partner. Men in three studies made explicit reference to experiencing physical changes which they attributed to their partner's pregnancy:

My stomach pains were very much like a build up of a woman's contractions as she's giving birth, they start mild and then get stronger and stronger and stronger. (Brennan et al., 2007, p. 29)

Sub-ordinate theme 3: When I get depressed

Changes relating to men's mental health coincided with, but were not exclusive to, changes to their physical health. Participants in four studies mentioned what was felt to be depression during the middle phase of their partner's pregnancy:

I'm pretty much a workaholic. It's what I do when I get depressed. I busy myself. That's what gets me through it. (O'Leary & Thorwick, 2006, p. 81)

Experiencing physiological changes had a detrimental impact on some men's mood:

Well I suppose I felt quite low about the problems with my health. (Brennan et al., 2007, p. 30)

Changes to men's physical health during their partner's pregnancy can be an indication of underlying psychological distress.

Super-ordinate theme 4: A journey of acceptance

This major theme captured expectant fathers' experiences as they continued their journey through the second trimester of pregnancy on their way to fatherhood. Expectant fathers started to accept the pregnancy as real because they started to *see* evidence of the pregnancy in their partner's body, which was catalysed by them seeing and feeling the movements of their unborn baby. Consequently, they were able to relate to their unborn baby and pregnancy experience in a different way, and started to develop an emotional attachment to their unborn baby. This super-ordinate theme marked a significant transitional shift for men, where they moved from feeling emotionally distant to feeling involved and a part of the pregnancy process. This theme marked the end of the moratorium phase, as men became more psychologically involved in the pregnancy.

Sub-ordinate theme 4: Feeling is believing

Seeing their baby's ultrasound image and feeling their movements proved a powerful experience for men in eight studies:

I found the feeling of the baby moving to be much more exciting than the scan ... because the scan was a machine. (Draper, 2002, p. 568)

Experiencing the pregnancy in this way allowed the men to emotionally invest and relate to the pregnancy in a totally different way:

My heart feels warm when I talk to him ... I feel like it's listening to me seriously and then he looks at me with a pair of curious eyes. (Kao & Long, 2004, p. 66)

Men's experience of the pregnancy is anchored in their partner's pregnant body; this allows them to feel more connected to the pregnancy and serves to undermine the *not real* quality of the pregnancy they hold.

Super-ordinate theme 5: Redefining self as a father

The super-ordinate theme heralded the final phase of expectant fathers' transition through the pregnancy process, and contained three distinct sub-ordinate themes. This theme characterised men's experiences during the third trimester, and was the point at which they felt the most ready and prepared for fatherhood. This theme captured the essence of what men felt was crucial in psychologically redefining themselves as fathers. Expectant fathers started to re-evaluate what was important to them, visualise doing things with their babies and reflected on their own fathering experiences.

Sub-ordinate theme 5: Leaving my old life behind

Some men commented on the lifestyle adjustments they started to make in response to impending fatherhood:

I stopped drinking. I was really bad. I wouldn't say I was an alcoholic but I couldn't go a day without having at least one drink and now I am cold turkey. I cut down on smoking. I was used to smoking forty a day and now I am down to fifteen a day ... I look back on some of the things that I did ... I just don't want to be that person anymore. (Wilkes, Mannix, & Jackson, 2011, p. 184)

The above quote illustrates the desire to be a good male role model. Some men lamented on the social changes they experienced as they entered a life cycle that differentiated them from their peers:

I have noticed that my friends and I have drifted so incredibly far apart from one another ... but they will come back when they are in the same situation hopefully. (Finnbogadóttir et al., 2003, p. 101)

As men become more emotionally ready for fatherhood, they undergo psychological and social changes; paradoxically this can serve to maintain feelings of isolation and anxiety.

Sub-ordinate theme 6: Re-evaluating values

Expectant fathers from eight studies made reference to how impending fatherhood had led them on a journey of personal discovery:

As for me, my life's changed a lot ... this has changed my viewpoint on life enormously. I've learned something about self-containment, and I've made great progress here ... It has changed the way I look at things, my attitudes and the way I treat people. (Kao & Long, 2004, p. 68)

Some men had a clear moral image of the type of fathers they wanted to become, and the relationships they wanted to foster with their children in the future:

A good parent I think is that somebody will do anything for their child, is always there for their child and as soon as something is wrong or the child needs to talk to somebody. Like for me to be a good father it would be the fact that he would come to me first. So that I could be the one that could share his problems with, he could about anything. (Wilkes et al., 2011, p. 184)

As the pregnancy progresses, men can engage in reflective process where they start to re-evaluate their personal values in the context of their new role as a father.

Sub-ordinate theme 7: Reflections on own fathering

Expectant fathers in five studies reflected on their own experiences of being parented by their fathers. Participant narratives alluded to a need to avoid the mistakes that their own fathers had made:

I always said that I would never do what my dad did ... go out and work twenty hours a day just to support the family. I want to be actually able to be with my son. I didn't want to do what my dad did even though I admire him for it. I think I couldn't do it. (Wilkes et al., 2011, p. 184).

Participants engaged in a dialectical dance between reflecting on the past and thinking about the fathering roles they wanted to fulfil in the future; there was a sense

that for some men it was important to provide their children with a better quality of life than they themselves had had:

I think of the child's future most of the time. I wonder what I could do to add to her life. I'm talking about her education and material things ... these are all the things I should plan beforehand. I'm actually my own mirror in the sense that we didn't have a pleasant environment in our childhood, so we don't want to impose such pressures on my kid just like the parents in the past. (Kao & Long, 2004, p. 66)

For these men, reflecting on their own fathering experiences was a normal reaction to impending fatherhood, and served to solidify the mental self-image of the types of fathers that participants wanted to become.

Discussion

This is the first review that exclusively focuses on men's experiences of pregnancy. As well as supporting the findings by Chin et al. (2011) and Steen et al. (2011), this synthesis provides a fuller, more comprehensive understanding of men's experiences during pregnancy by highlighting novel issues, and helps to bring into focus the effect of this significant life cycle event on the well-being of men.

We synthesised information from 13 studies of moderate to high quality and identified five over-arching themes encompassing seven sub-themes, which elucidated the salient experiences as participants made their psychological metamorphosis from men to fathers during their partner's pregnancy. We were able to formulate and propose a working model of first-time fathers' experiences of pregnancy (Figure 1). We suggest that some men may go through distinct phases of emotional, behavioural and psychological responses and changes as the pregnancy progresses. It is remarkable to note the significant similarities between men's pregnancy-related experiences, notwithstanding their diverse cultural backgrounds. This finding suggests that there are common experiential themes that traverse cultural contexts. This is particularly useful in aiding health professionals' overall understanding of the phenomenon, and for researchers who want to develop ecologically valid and clinically robust screening/assessment tools. The findings of this synthesis can be used to inform further quantitative and qualitative research. For instance, the themes can be used to develop items in a screening questionnaire, or to inform detailed interview schedules respectively.

In total, five super-ordinate themes, containing a further seven sub-ordinate themes were conceptualised. In relation to super-ordinate theme 1 (Reacting to early pregnancy), the majority of men commented that they experienced a range of diverse and often conflicting emotions shortly after pregnancy confirmation. During this time anxiety and worry were common psychological processes, with many men worrying about the health status of their partner and unborn baby. It seems that experiencing mixed emotions during the early days of pregnancy can be viewed as a normal experience for many expectant fathers, and is not unduly mediated by prior parenting experiences (Barclay et al., 1996). Similar findings have been reported with women (Modh, Lundgren, & Bergbom, 2011). The theme of worry not only forms an integral part of men's emotional journey during the pregnancy, but continues into early fatherhood too (Kowlessar, Wittkowski, & Fox, 2014), suggesting an experiential overlap between these two related but distinct life events.

Super-ordinate theme 2 (On the outside looking in) highlighted that in the early stages of pregnancy, many men felt removed and distant from the pregnancy process; they attributed this to a lack of first-hand experience of the pregnancy. This psychological response could be explained by the moratorium phase (May, 1982), which occurs in early pregnancy and is characterised by the expectant father appearing to be emotionally distant from their partner and the pregnancy. At this stage the pregnancy is not yet integrated into his life. This is a significant area where experiences of men and women tend to differ. As women are experiencing various hormonal, physical and emotional changes throughout the pregnancy, it can be suggested that they feel inexorably a part of pregnancy, which facilitates them making the psychological adjustment (Darvill, Skirton, & Farrand, 2010). However, expectant mothers experiencing low mood during pregnancy can also harbour feelings of separation (Bondas & Eriksson, 2001), especially if they are having difficulty in adjusting to physical bodily changes (Earle, 2003).

Expectant fathers' narratives conveyed the impression that antenatal classes actually served to maintain feelings of distance and separation during pregnancy, which contrasts with how expectant mothers generally perceive them (Schneider, 2002), but supports the argument that health professionals may not be aware of expectant fathers' needs during pregnancy (Chandler & Field, 1997; Nichols, 1993; Somers-Smith, 1999). This finding is surprising considering the socio-political shift regarding the paternal role in modern family systems and the well-established empirical evidence highlighting the benefits of their involvement in mother and child well-being (Burgees, 2011; Lamb, 1987).

Expectant fathers' experiences of antenatal support appear to capture the prevailing systemic attitude that influences how antenatal/maternity services are provided. This dominant attitude has highlighted what some authors have termed mother-centrism (Ball, 2009) in today's parenting culture. This term alludes to the systemic bias that exists in parenting programmes, support groups and attitudes of health service providers, which are set up to meet the needs of women but inadvertently marginalise those of men, and perpetuate their ambivalence about their role in raising children and acknowledging their own needs.

In relation to super-ordinate theme 3 (The pregnant male), few men described experiencing physical pregnancy-related changes, conceptualised as Couvade syndrome (Brennan et al., 2007). It could be hypothesised that the development of physical changes in a man is an unconscious attempt to feel more involved, emotionally connected and a part of the pregnancy process. Given the bi-directional relationship between the body and mind, physiological changes could be a risk factor to mental health deterioration and psychological distress in men, which health professionals should bear in mind.

In relation to super-ordinate theme 4 (A journey of acceptance), a man's experience of pregnancy is anchored in their partner's pregnant body, and their willingness to become involved emotionally and practically aided and expedited their psychological adjustment. Participant narratives support the widely held assumption that men generally want to be involved during the pregnancy process (Steen et al., 2011). Involvement in pregnancy-related activities represented key transitional milestones for many expectant fathers, such as attending ultrasound scans and feeling and seeing their unborn baby move.

Towards the end stages of the pregnancy, super-ordinate theme 5 (Redefining self as a father) saw men move away, both socially and psychologically, from their

lives as non-parents. They gave serious thought to what they valued and reflected on their own experiences of being parented, which helped them to develop into the type of father they wanted to be.

Limitations of a metasynthesis approach

Since the use of metasynthesis in academic discourse, there has been much debate over its appropriateness in synthesising research from different epistemological perspectives; Sandelowski, Docherty, and Emden (1997) have stated that the original data are altered beyond recognition when synthesised with data from different research traditions, which gives rise to the argument that for a metasynthesis to remain true to the original data, the included studies need to share the same methodological approaches. Other criticisms levelled at the metasynthesis approach include the lack of transparency employed in the stages of the synthesis process (Bondas & Hall, 2007), and interpretations that are far removed from the participants' lived experiences (Chin et al., 2011). In contrast, other researchers have suggested that the metasynthesis approach helps to open up new avenues of meaning and understanding in familiar and unfamiliar areas (Walsh & Downe, 2005), demonstrated by its successful use in various areas that have used studies from differing epistemological backgrounds (Chin et al., 2011; Goodman, 2004).

Relevant measures were taken to reduce the impact of the aforementioned limitations on the overall quality of this synthesis. In order to increase the credibility (Jensen & Allen, 1996) of the synthesis, the steps used in the process were outlined in a transparent manner and the inclusion of raw concept data strengthens this. All the studies used in the synthesis were examined using the CASP and rated to be of good quality. The use of triangulation using multiple studies (Pielstick, 1998), and highlighting shared and refuted themes between the studies strengthened the overall validity of the synthesis (Estabrooks & Field, 1994). Regardless of the ongoing debates surrounding the use of metasynthesis approaches, there is definite evidence to suggest that the findings can add knowledge and understanding to the evidence base (Downe, 2008).

Implications for antenatal services

Expectant fathers mentioned the value of peer support; however, it is important to acknowledge that women may be more willing than men to share experiences with non-family members (Read, Crockett, & Mason, 2012), but men will share experiences with other men who are in a similar situation to themselves (Rowe, Holton, & Fisher, 2012). This insight presents a potentially innovative opportunity in which antenatal classes could be adapted. Midwives/health professionals could foster a culture of community-based learning and support by encouraging independent experienced fathers (experts by experience) to attend antenatal parenting classes in the capacity of guest speakers. These experts by experience would be able share personal stories, offer advice and support and answer questions. The primary aim here would be to normalise emotional reactions, encourage peer support and aid the psychological transition. Contact numbers of health professionals/services could also be provided to expectant couples during antenatal classes.

Recommendations for midwifery practice

The needs of men and women during pregnancy are inter-related (O'Hara, 1985). If applied sensitively, the same set of clinical skills that midwives use to support expectant mothers (e.g. empathy, active listening, problem solving, information giving) can be applied to support expectant fathers, and help them to feel more involved in the pregnancy process, as involvement seems to significantly influence psychological adjustment and well-being of the family well into the postnatal period. Midwives occupy a key role within maternity services, and are best placed to provide the necessary advice and support to expectant couples, particularly men. During a man's experiential journey through their partner's pregnancy, it is of vital importance for midwives to acknowledge that the plethora of emotions that they may go through are normal and expected aspects of the pregnancy trajectory. As such the majority of men, like those quoted in this study, do not require intensive, costly psychological and/or pharmacological interventions. However, they may find it difficult to voice their needs, particularly as they tend to see their role as a supporter of their partner (O'Leary & Thorwick, 2006). Midwives can facilitate this process by showing a definite interest in expectant fathers, acknowledging the role they have to play in the pregnancy process and by asking how they are feeling and coping as the pregnancy progresses. The remit here would not be to offer counseling or structured psychological therapy, but to listen, validate, normalise, provide information and signpost to other services when appropriate. Provision of psycho-educative material about the pregnancy, emotional experiences reported by men and tips on how to maintain well-being may help men to feel more involved and valued during the pregnancy process. Increasing awareness of other forms of support, such as books, parenting classes, online support forums, websites and local support groups, may also prove valuable.

Conclusion

It is accepted that women who are not adequately supported emotionally and practically during pregnancy are at higher risk of developing complications during pregnancy, and psychological problems in the postnatal period (Boyce, 2003). As well as the cost in human suffering, this has a significant financial cost to health care providers. It stands to reason that if expectant fathers are better supported themselves, they will be in a stronger position to give their partners the support they need. The best way for health professionals to achieve this is to first acknowledge that the needs of men and women are similar, and to try and make expectant fathers feel valued by encouraging their involvement throughout pregnancy.

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