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# Parents who have received ‘psycho-prophylaxis training’ during pregnancy and their experience of childbirth - An interview study highlighting the experiences of both parents

Susanne Wennerström and Anna-Karin Dykes

Department of Health Sciences, Faculty of Medicine, Lund University, Lund, Sweden

## ABSTRACT

**Background:** The form of parental support during pregnancy is constantly changing due to developments in society. ‘Psycho-prophylaxis training’ is a form of parental support used in preparation for childbirth. Only a few studies describe the childbirth experience of both the parents.

The aim was to interview parents receiving ‘psycho-prophylaxis training’ during pregnancy and to elucidate their experience of childbirth.

**Method:** A total of 22 open interviews were conducted with 11 expectant mothers and their 11 partners. Analysis of the interviews was performed using the content analysis method.

**Results:** Three categories emerged in the manifest phase. ‘To gain security from knowledge and focus on breathing and relaxation’, ‘The couple’s sense of proximity and the team collaboration with the maternity staff’ and ‘Meeting pain’. Two themes emerged during the latent analysis of which one was, “Participation gave a sense of security” and the other was ‘Manageability’.

**Conclusion:** Knowledge about childbirth and the ability, by the mother, to use various breathing techniques seemed to help both parents, as it made both of them feel that they were themselves involved in the process.

## ARTICLE HISTORY

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## KEYWORDS

Childbirth experience; psycho-prophylaxis; participation; manageability; sense of security

## Introduction

The French obstetrician Lamaze introduced prophylaxis technology during the 1950’s after being inspired by a Russian doctor. This work was later followed by the Swedish midwife Signe Jansson who introduced the psycho-prophylaxis to Sweden in the 70’s (Wilsby, 2005). The value of psycho-prophylaxis decreased during the 80’s. The reason for this might have been that the previous prophylaxis method consisted of several different types of breathing and this made it more difficult for the parents to be to remember and increased the risk of hyperventilation.

However, psycho-prophylaxis had a renaissance. The method has been narrowed down and has become more simplified in order to make the use of prophylaxis easier during the delivery. Psycho-prophylaxis is a method used during labour where the couple focus on breathing, relaxation and the partner’s role. The programme has also

**CONTACT** Susanne Wennerström  [susanne.wennerstrom@icloud.com](mailto:susanne.wennerstrom@icloud.com)

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a psychological dimension (Bergström et al., 2010). The couple work together during the different stages of the training.

The midwife has an important role in creating a sense of security and peace of mind for the prospective parents. According to Draper and Ives (2013), involving the partner as early as possible during pregnancy laid a good foundation for future parenthood. Midwives need to recognise and support the partner as a prospective parent, for the couple to have a mutual and shared experience of the birth of their baby (Premberg et al., 2011). Expectant partners should be supported and respected in their role (Johansson et al., 2015). When the midwives listen to and engage with each partner, the partners will feel more secure during the childbirth process (Persson et al., 2011). We require more knowledge about the best ways to prepare parents for childbirth. It is especially required where both parents' experiences are highlighted by their participation in parent education which focuses on psycho-prophylaxis.

Parental support varies in Sweden. A Swedish study found that new parents preferred the training to be focused on childbirth psycho-prophylaxis rather than standard prenatal education (Bergström et al., 2010). The standard antenatal education offered should include the parent's own relationship, parenthood, lifestyle, pregnancy, childbirth preparation, the expected and new-born child and breastfeeding (SFOG, 2008). Usually there are two training sessions and each one of them is lasting for two hours and it is not mandatory for the partner.

Antenatal education can be different in each class and it might be difficult to find the time to give all the information about childbirth.

In an interview study where mothers were predominantly satisfied with the care, it was revealed that in some cases contrarily, the partners noted that they often felt that they were invisible. The study showed that both parents need support during pregnancy (Widarsson et al., 2012). Research is needed to help midwives and obstetricians to understand the process and improve the care for both women and men, and to support their transition into parenthood (Longworth et al., 2015). This requirement is especially sought for in studies where both parents' experiences are highlighted when their participation in childbirth is focused on psycho-prophylaxis. In general psycho-prophylaxis education can be explained as when the couple, learn about the birth process as well as about the breathing and the variety of ways to relax and work together during labour and delivery (Wilsby, 2005). This form of psycho-prophylaxis consists of 'four cornerstones'. Breathing/relaxation, partner's role, birth process/mental and massage methods (Wilsby, 2005).

Parental support methods are constantly changing in line with changes in society. Several midwifery clinics in southern Sweden have conducted free psycho-prophylaxis training. There are few studies where the partners are interviewed separately after participating in psycho-prophylaxis. In this study, both the mother and her partner were interviewed separately in order to study their individual experience.

The theoretical framework of Antonovsky's SOC theory fits well with parents' experiences. An individual parent can manage a stressful situation if she or he has a sense of coherence (SOC). This is achieved by, understanding (comprehensibility), managing (manageability), and finding coherence (Antonovsky, 1987).

## Aim

The aim was to interview parents receiving 'psycho-prophylaxis training' during pregnancy and to elucidate their experience of childbirth.

## Method

An inductive qualitative method was used, based on open face to face interviews with manifest and latent content analysis perspectives. Research interviews seek to understand the interviewees' world and find an explanation of the perceived phenomenon (Kvale, 2009). The content analysis method of Graneheim and Lundman (2004) was used.

The form of psycho-prophylaxis that was used for these couples consists of 'four cornerstones'. Breathing/relaxation, partner's role, birth process/mental and massage methods (Wilsby, 2005). There were two training sessions and each one of them lasted for three hours.

## Sample

Parent couples were recruited from three different midwifery clinics in the south of Sweden. In these clinics the ordinary prenatal education, for the woman and her partner, in groups of 12–14 persons, consisted of two meetings lasting for two hours each. Inclusion criteria for the studies were first-time mothers and their partners who had participated in free of charge psycho-prophylaxis education in southern Sweden and spoke Swedish. The prospective parent couple had no relation to the authors. Exclusion criteria were tension within the couples, if the birth had been difficult and that an interview was deemed to be inappropriate. Recruitment following, maximum variation and, strategic selection with the deliberate recruitment of interviewees (Polit & Beck, 2014). Permission to conduct the study was sought and received from the Director of Maternity in the hospital. Information letters were sent to the psycho-prophylaxis instructors and to the heads of the departments of maternity health in the hospital. Couples were informed about the study by the teaching midwife at the training session in psycho-prophylaxis. Oral and written information was given to the couples who gave their written informed consent. The first author then contacted the couple over the phone to introduce herself and to ask if it was all right to call back after childbirth, to plan for an interview, which was about two months after giving birth. Three couples declined to participate when they were called the second time, which was a loss of six possible interviews. The only reason given to not take part was shortage of time. Twelve couples chose to participate in the study and a total of twenty-four individuals were interviewed. Two of these were pilot interviews and thereby were not analysed. In total, there are twenty-two interviews reported in the study. The couples were included into the study before any questions were asked about their experience of psycho-prophylaxis.

## Data collection

Each mother/partner was interviewed separately in order to elucidate their individual experience (Kvale, 2009). All the interviews were face to face and began with an open question, please describe your childbirth experience after participating in 'psycho-

prophylaxis training' and ended with the question if psycho-prophylaxis met the participant's expectations. It was also important for the interviewer to just listen and build mutual trust with the participant (Graneheim & Lundman, 2004). The interviews were recorded; the estimated time per interview was 30 to 45 minutes, medium 40 minutes. Parents could choose the environment for the interview, and all chose to be interviewed in their homes. The interviews were conducted by the first author in the autumn of 2015 and spring of 2016.

## Analysis

Manifest and latent content analysis according to Graneheim and Lundman (2004) was used.

The inductive part of the analysis was made manifest. The interpretation of the text was in the latent analysis.

The interviews were transcribed verbatim by the first author. The authors read the interviews on several occasions to gain an overall picture of the content. Differences and similarities are expressed in categories and themes on different levels. The mothers' or partners' answers were analysed individually and coded and categorised. The categories were suitable for both the mothers and the partners. The meaningful units corresponding to the purpose were identified and condensed. Coding was then performed in which 207 codes were identified. The codes have been read through repeatedly and the authors have searched for similarities and differences. Subcategories have been formed, which were then put together into broader categories. The categories have been reviewed and reduced in several steps. During the analysis process the categories of text units were compared with the interview text in its entirety to make sure that the categories maintained the right context and to strengthen the credibility. The latent analysis in its interpretive phase was carried out and the results are presented in two themes. The variations of the mothers' and partners experiences are included in the different categories and themes.

Both authors have experience as a midwife and the first author also has experience as a psycho-prophylaxis instructor and both understand the situation of pre-understanding.

Both authors have also been involved in the interpretation of the interviews and the responses have been neutrally and professionally considered. The inductive part of the analysis has been made manifest and with the pre-understanding under control. The interpretation of the text was in the latent analysis where preconceptions can also be a resource and an asset. The researcher's pre-understanding is an important part of the interpretation process (Graneheim & Lundman, 2004).

## Ethical considerations

The study was carried out according to The Declaration of Helsinki in CODEX (2015). Which contains the four ethical principles (autonomy, do good, no harm and equality) used in medical research and emphasises respect for individual autonomy and requires informed consent. The importance of confidentiality, integrity, and protection against transparency in the privacy were stressed. The Health Science Ethics Committee in Lund

(Statement 2015-06-15 VEN 73–15 in Lund University) has given an advisory opinion and ensured that the research is ethically correct.

Permission to conduct the study was sought and received from the Director of Maternity in the hospital. Information letters were sent to the psycho-prophylaxis instructors and to the heads of the departments of maternity health in the hospital.

**Result**

The participant age varied between 18–35 years. There were ten vaginal deliveries and one acute Caesarean section at the very end of the delivery.

**Results of the manifest analysis**

Parental experience of childbirth after receiving parental psycho-prophylaxis during pregnancy was expressed in three categories (Figure 1) and quotations (Table 1). Two themes developed during the latent analysis (Table 2).

**To gain security from knowledge and to focus on breathing and relaxation**

**To focus on breathing and relaxation at home provided a sense of security**

Knowledge related to breathing was perceived to be most important. The mother and her partner worked actively on relaxing and breathing. The partner sat next to the mother and

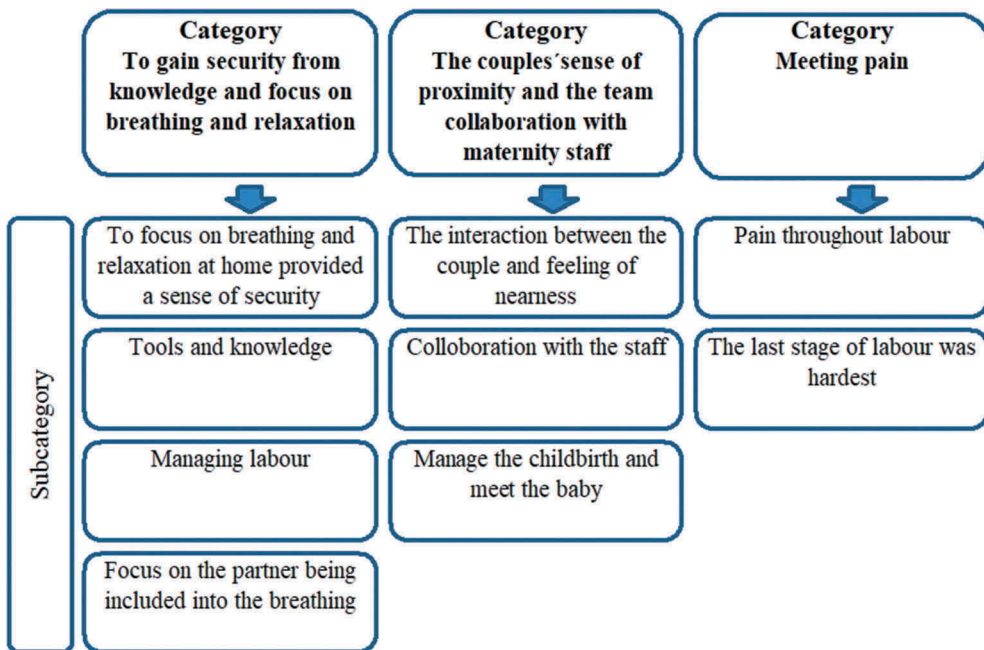


Figure 1. Categories and subcategories.

Figure 1. Categories and subcategories.

Table 1. Citations of the manifest analysis.

Quotes	Subcategory	Category
Partner: <i>It was good that I was instrumental and assisting. I had no shortage of things, was involved all the time.</i> IP 20	Tools and knowledge	To gain security from knowledge and to focus on breathing and relaxation
Woman: <i>Partner's importance to help with breathing, massage and touch. It did a lot. Otherwise, we would have panicked.</i> IP 19		
Partner: <i>I stood very close and tried to make sure that she did not forget to breathe. I followed this breathing and I breathed into her ear so she could to make sure she was breathing right when she forgot it.</i> IP 20	Focus on the partner being included into the breathing	
Woman: <i>If we lost the breathing and breathed wrong, then X said this directly or he did it himself. So, it worked out very well for us.</i> IP 2		
Woman: <i>Especially now I shall not talk for X but I thought it was great that we could take part in something that involved my partner. Something that made him feel as much in the centre as I was.</i> IP 13	The interaction between the couple and the feeling of nearness	The couples sense of proximity and the team collaboration with maternity staff
Partner: <i>I felt part of it rather than just sitting on a chair and doing nothing at all, and letting the woman do the job. It felt like we actually did it.</i> IP 12		
Women: <i>She guided us in every step what to do and how he could support and what he could do.</i> IP 3	Collaboration with the staff	
Woman: <i>I had to work on it, not a bad experience, but an experience that is not like anything else you've ever been through. So, I really had to process, I do not think I'm quite done with this, what is on your tummy?</i> IP 13	Manage the childbirth and to meet the baby	
Partner: <i>It was ... it was very emotional, as male tear emerged *treasure*. Then you had to see his eyes open for the first time, it was amazing. It was a great experience.</i> IP 2		
Woman: <i>Would recover but then I did not think I could. I thought that was tough.</i> IP 18		
Women: <i>We were prepared that it may hurt, it was not as bad as I thought, had a terrible good birth.</i> IP 1	Pain throughout delivery	Meeting pain

**Table 2.** Citations of the latent analysis.

Quotes	Themes
<i>Mother: Partner's importance to help with breathing, massage and touch. It did a lot. IP 19</i>	Participation gave a sense of security
<i>Partner: She felt both more secure and could relax in a different way and perhaps that started it easier. IP 16</i>	
<i>Mother: I felt a sense of security at home ... and then when I arrived, I was open nine centimetres, then it was straight in to a birth room. IP 9</i>	Manageability
<i>Partner: Then we used prophylaxis breathing until we were admitted. Very much standing, rocking and breathing. IP 4</i>	
<i>Mother: I knew the breathing technique, so it felt good, once I had it in mind instead of it hurting ... I clung on to the breathing. I think it helped me a lot, actually. IP 18</i>	

timed the contractions and they drew breath in unison, and the partner gave the mother massage and tactile handling. The couples hoped to be able to stay at home for as long as possible. The partners' role was to remind the mother of the right breathing technique.

### *Tools and knowledge*

The couples felt that they had been given the tools and knowledge for childbirth; they practiced together by which the partners' role became clearer. The mothers found it easier to relax and the partner began to feel safer and prepared. Mentally it was an advantage to have gained knowledge of childbirth through education, as it meant that the couple knew exactly where they were in the delivery process. They believed that they had been given the right tools which made the process easier. Massaging the lower back (lumbar) was the most popular method to help relaxation. The partners felt that they were able to offer support to the mother.

### *Managing labour*

The women felt safe, were focused and knew what to do. They had contact with their partner when the contractions came, experienced greater control and could relax. Breathing techniques gave the mothers extra security. It gave them something to think about when they felt pain. As their breathing became faster it helped the mother. The mothers respiratory rate depended on how strong the pain was, the more pain the faster the breathing. Sometimes mothers had to be reminded that breathing would help them and that it would feel almost like meditation.

### *Focus on the partner being included into the breathing*

The partners felt secure when they were included into the breathing technique. The women felt that while their partner was beside them and was breathing with them it gave them guidance. The couple felt that their coordinated respiration worked well. The partner stood close, clocked the contractions and saw that the mother was breathing correctly. The partner constantly reminded the mother of the correct breathing technique and that she should be focused when the pain came.

### *The couples' sense of proximity and the team collaboration with maternity staff*

#### *The interaction between the couple and the feeling of nearness*

The mothers usually felt positive when having their partner close by. The partner assisted with their coordinated breathing and practically everything around it. Sometimes the partners felt powerless and nervous but understood their role and could control their



feelings. By talking together about things that they had gone through enabled the partner to find a natural role. The parents felt themselves as being a strong team. Although the mother felt pain; with her partner by her side for support she felt secure. Many couples experienced a bonding and felt very close to each other which confirmed their feeling that they would manage the whole process together. The support of their partner meant much to the mothers. By being informed about childbirth and involved, the partner felt calm and was able to support the birth process and coach the mother

### *Collaboration with the staff*

Parent couples were generally very pleased with the staff. Which gave them a basic feeling of security and trust towards the staff. Couples understood that the midwives had control over their situation and that they could therefore relinquish the responsibility to them. They felt calm, confident and in a relaxing environment. It was positive that the midwife took command when there was a need, and the couple noted that the midwife was crucial for the use of prophylaxis. It was positive to be able to follow the birth in detail. Mothers tried different birth positions. Regarding other aspects such as correct breathing, further they had their partner and the staff to remind them and instruct them.

### *Manage the childbirth and meet the baby*

The partner was not always prepared and did not realise that things had gone so fast, but soon became practiced so that everything should work as well as possible for the mother. Most couples were excited and rather nervous but had a positive attitude and believed in themselves, time stood still, and they hardly dared to believe that their baby was arriving. They took pride in their joint effort and found it to be a fantastic experience. The midwife gave the mother the energy to believe in herself. At the moment of birth, the partner was the spokesperson to convey what the midwife said. The partner often had to remind the mother about breathing and how to control the process. Mothers' thoughts at this time revolved mostly around the baby and its health. It was a strong emotional experience, and then suddenly it was all over.

### *Meeting pain*

#### *Pain throughout labour*

Mothers often found it difficult to prepare for the pain, they did not know what to expect and how it would feel. During the active stage, they could experience pain that varied between manageable to unbearable from which it was hard to recover. The knowledge of breathing was helpful, and the process was overwhelmingly positive, unlike other forms of perceived pain experience during their lives.

#### *The last stage of labour was the hardest*

It was hard for a couple to imagine how it would be. When you are there it may not be as you had thought. The mothers expressed that the second stage of labour was the hardest. Earlier they had experienced good help through the use of breathing techniques but when they began to lose control some mothers felt a sense of panic. However, when they were prepared for pain, it was manageable, and they were in control.

## The result of the latent analysis

Two prominent themes were interpreted.

### *Participation gave a sense of security*

Many of the couples had the feeling of constantly being close to each other and that together they would get through the entire pregnancy process. Breathing technique was perceived as the most important knowledge required, but also the feeling of participation strengthened the feeling of security and belonging, which, in turn, contributed to the desire to stay at home as long as possible during early labour. Breathing technique had been learnt and practiced earlier in pregnancy, especially the technique used during contractions or pain. A positive effect was experienced, and less pain interference noted, which led to increased activity towards relaxation and breathing. This gave the mothers extra security as they had something else to think about when they were in pain. Their partners' presence was a strong support for the mothers, and they felt secure in knowing that their partner had the knowledge and ability to support them. Parent couples were generally very pleased with the labour and delivery staff; they found them helpful and responsive. This gave a basic security and the staff gained the parents confidence. The parents felt that the midwives had control of the situation and were informed and that they involved both of the parents in the childbirth process which, in turn, enabled the parents to hand over the responsibility to them. The parents felt that they were a team together and that they had been given useful tools to manage their childbirth.

### *Manageability*

The parents felt they had control over their birth process, that they could handle it and that they had completed their childbirth together. A feeling of strengthened unity was often felt after childbirth. It was perceived as an advantage to have gained pre-knowledge of childbirth, so they knew where they were in the birth process. The partners' role became clearer thanks to the training and the couple felt that they were a strong team. The partners felt that they were occupied all the time and that it was an advantage to be able to influence and help by being the spokesperson for the mother.

There were no negative comments about the psycho-prophylaxis training, but there was feelings of helplessness and frustration when the pain became strong or the process was slow and it was then the support from the partner as well as the breathing was of great help.

## Discussion of the result

The aim was to interview parents receiving 'psycho-prophylaxis training' during pregnancy and to elucidate their experience of childbirth. The results of our study show that increased parental support, in the form of 'psycho-prophylaxis training' seemed to help the couple to feel stronger and have a greater sense of being able to manage the pain and the childbirth process. The mother got something to focus on, it seemed to give a sense of control. The partner got concrete advice for his/her participation. To find security in

knowledge and focus on breathing and relaxation seemed to give the parents a sense of security and manageability.

'Psycho-prophylaxis training' included also knowledge about the birth process, to a greater extent than the ordinary parental support did and encouraged both the mother and her partner to be active and to take part in the childbirth. This appeared to help the interaction with the midwife and made them to work together as a team.

### *Participation gave a sense of security*

The study showed that the partners' role became clearer thanks to training and the couple felt that together they were a strong team. The partners felt that they were occupied throughout the process, in turn this gave the women an extra feeling of security. A previous study revealed that men who already suffering from the fear of childbirth had a higher risk of experiencing birth as frightening than men who were trained in psycho-prophylaxis and who acted as a coach for the mother. Training helped them to have a more positive experience of childbirth (Bergström et al., 2013). It has been shown that the partner's involvement, and the support from the healthcare staff, were important factors for the family's sense of security and their well-being (Persson et al., 2011). Important significant factors to define 'parents' postnatal sense of security' was, 'midwives/nurses empowering behaviour', 'one's own general well-being' and "the mother's well-being and a sense of participation during pregnancy "(experienced by the father). For the mothers it was important that the father participated during pregnancy (Persson & Dykes, 2009). The present study showed that the overarching themes, 'Participation gave a sense of security' and 'Manageability' reflected the content of the prominent categories. Participation and cooperation were important for both of the parents and created a sense of security for them in various forms. The couples relaxed and were pleased with their own efforts during the childbirth process. It was not always as they had imagined it would be, feelings of helplessness and frustration came and went, however the process mostly ended with feelings of joy. It has been shown that psycho-prophylaxis reduced a mother's fear for her next birth, and that the caesarean section rate was reduced, which offers benefits for her next birth (Fenwick et al., 2015). It may be concluded that giving the mother and her partner the possibility to take part in the preparation for childbirth and thereby helping them to understand more about the process of childbirth and how to work together during labour, was beneficial for their experience of childbirth. The parents in the current study experienced that the staff were competent and that they gave the prospective parent couples safe treatment in a calm manner with clear guidance based on their knowledge and experience.

The partners felt more confident with their situation since they had been given 'tools' in the form of education, to help them in childbirth. They knew what they should do and felt engaged. This gave the mothers an extra sense of security and helped them to think of something else whenever the pain was strong. To feel close and secure can stimulate an increased production of the hormone oxytocin, which produces a sense of calm and tranquility which is important in many stressful situations in our life. During childbirth oxytocin plays a very large role, oxytocin is also released when touching the skin, stimulating well-being and giving an anti-stress effect. Pain is felt to be less sharp and the pain threshold is raised (Uvnäs Moberg & Prime, 2013). The mothers did not have to think about the breathing patterns they would use as they had been trained so it took place naturally. The more painful, the shallower

the breathing became which helped to make it less painful for them as they also focused on relaxing. The conclusion was that breathing is an important tool for creating a sense of calm and security during childbirth. This study highlights the interaction that the couples had during childbirth, the couples felt more secure and confident in their situation when they both felt involved and had the correct tools for the birth process. They experienced that they created the birth together. It is possible that this joint achievement strengthened the future parenting and the parent's relationship even after childbirth.

Studies have shown that fathers in Sweden still did not feel they received enough support from the medical staff at the labour and delivery ward, and many fathers really wanted to be involved in the birth of their child. Expectant fathers should be supported and respected in their role and participation at childbirth (Johansson et al., 2015). Another Swedish study that describes the interaction couples had during childbirth showed that when midwives listened to and engaged with the partners the partners felt more secure during the childbirth process (Persson et al., 2011). The partners should be prepared emotionally and have a picture of childbirth in their mind and their role in the process.

Midwives have a very important role in helping the partners to be involved and active in the labour process (Johansson et al., 2015).

### **Manageability**

Parents felt that they had control over their situation and that they had the necessary tools to manage their childbirth through breathing and relaxation. This created a sense of control and understanding. The couple had created something together. Knowledge of how the process of childbirth works was very important, because at each stage the parents knew how long it would be until their child was born. It became easier for the partners to speak up about the mother's needs and wishes and to use the tools they had received after having participated in the psycho-prophylaxis training.

The theory 'Sense of coherence' (SOC), which is achieved by, understanding (comprehensibility), managing (manageability), and finding coherence (Antonovsky, 1987), is suitable to refer to when trying to understand the parents' experience. Both of the parents in the current study felt empowered and that they had control over the childbirth process and were able to handle the process with a feeling of coherence. The knowledge about breathing technique was perceived as the most important, supported by the feeling of participation that strengthened the feeling of security and belonging. The concept of empowerment is a health concept that gives the individual an opinion of their own and the power to decide what is important. In turn, it creates strategies to target (Tengland, 2016). Psycho-prophylaxis is unique because both the mother and her partner need to be active in the birth processes, and it is stressed as being obligatory that the partner needs to be present during the classes.

## **Methodological discussion**

### **Transferability**

Couples with similar prenatal training within the area of 'psycho-prophylaxis' were recruited from three different maternal clinics in the region southern Sweden. Therefore, the result is

transferable to these clinics and possible to relate to other couples who have received similar psycho-prophylaxis training.

### *Trustworthiness*

#### *Dependability*

The strength is that the authors do not have any connection with the three clinics in this study and that throughout the analysis the second author was aware of the first author's preunderstanding. The result of the interviews was not independent of the researchers. Understanding and knowledge of the subject was a resource and asset and further an advantage when it allowed a depth in terms of shades of interpretations of the subject. The researcher's pre-understanding is an important part of the interpretation process in the latent analysis (Graneheim & Lundman, 2004). Each partner in a couple was interviewed separately so they were not able to influence each other's statements.

#### *Credibility and confirmability*

The analysis followed Graneheim and Lundman's (2004) method with manifest and latent content analysis. A strength is that the codes were read through by both the authors together which aids monitoring the pre-understanding in the manifest analysis where the authors looked for similarities and differences. The latent interpretive analysis phase was completed, and the results were then presented in two themes. All personal information is treated confidentially. The authors have used several authentic quotes from both the mothers and their partners in the presentation of the results to increase credibility and trustworthiness. Regarding the three couples that said no to participation, when they were asked after childbirth, we don't know anything about their experience. The reason for not attending was lack of time. This can be considered a weakness.

### *Conclusions*

Knowledge of childbirth and the ability to use various breathing techniques seemed to help both the mother and her partner to feel involved in the birth process and to achieve a sense of nearness and to cope with their situation, which gave them a sense of security and manageability.

The study results show that increased parental support, in the form of 'psycho-prophylaxis training', aspired to help the couple feeling strong and having a great sense of being able to manage the pain and the childbirth process.

### *Implications*

'Psycho-prophylaxis training' appeared to be valuable to both the mother and her partner. The partner's important role was emphasised, and it seemed to have had positive effect on them both during childbirth. 'Psycho-prophylaxis training' would be beneficial in all prenatal education classes.

## Highlights

- The study results show that increased parental support, in the form of psycho-prophylaxis, can lead to the couple feeling stronger and having a greater sense of being able to manage the pain and the childbirth process.
- The mother gets something to focus on, it gives a sense of control, the partner gets concrete advice for participation.
- To find security in knowledge and focus on breathing and relaxation gave the parents a sense of security and manageability.

## Disclosure statement

No potential conflict of interest was reported by the authors.

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