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PREPARED CHILDBIRTH COUPLE'S PRENATAL EXPECTATIONS, LABOR  
COACH'S SUPPORT STYLE AND EFFECT ON THE COUPLE'S  
POSTPARTAL PERCEPTIONS AND SATISFACTION

A thesis submitted in partial fulfillment of the requirements for the  
degree of Master of Science at Virginia Commonwealth University.

By

Shelley Flippen Conroy, R.N.  
Bachelor of Science in Nursing  
Medical College of Virginia  
Virginia Commonwealth University, 1977

Director: JoAnne Kirk Henry, R.N., Ed.D.  
Department Chairman  
Maternal-Child Nursing

Virginia Commonwealth University  
Richmond, Virginia  
August, 1983

## DEDICATION

The author wishes to dedicate this work to her parents,

Edward and Margaret Flippen, who throughout their lives have demonstrated to her the value of education and learning.

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## Abstract

PREPARED CHILDBIRTH COUPLE'S PRENATAL EXPECTATIONS, LABOR COACH'S SUPPORT STYLE AND EFFECT ON THE COUPLE'S POSTPARTAL PERCEPTIONS AND SATISFACTION

Shelley Flippen Conroy, R.N., B.S.N.

Medical College of Virginia, Virginia Commonwealth University, 1983

Major Director: Dr. JoAnne K. Henry, R.N., Ed.D.

This descriptive study explored the congruency between the Prepared Childbirth couple's planned antenatal coaching support style and the observed coaching support style and the couple's postpartal perceptions of the coaching support style. Also explored were the relationship of coach's support style and the degree of the couple's postpartal satisfaction with the childbirth experience. A modified version of Campbell's Antenatal Questionnaire and Postpartal Questionnaire (1980) and Standley and Anderson's Naturalistic Observation Form were utilized for this study and administered to 10 Prepared Childbirth couples for labor observation and determination of coaches' support styles.

The researcher was not able to observe two of the couples in the sample during labor to determine the coach's style. Data collected from these two couples could only be used to answer two of the four hypotheses, resulting in 16 subjects in the sample for these instead of 20. Only five of 16 subjects accurately predicted the coaching style that was observed. Six of the 16 subjects' postpartal perceptions of the coaching style agreed with the observer's classification. Twelve out of 20 subjects had congruent antepartal expectations and postpartal perceptions even though the coach may have demonstrated a different support style than planned. Based on the findings of the study, the majority of the

subjects were not able to predict the support style that the individual coach would demonstrate during his wife's labor. This had little effect on postpartal satisfaction. The wives of coaches who utilized the "interactive through instrumentation" support style had the lowest rating of satisfaction with the childbirth experience. These wives also reported more complications occurring in labor during their postpartal interview.

## Chapter 1

### INTRODUCTION

#### Rationale

Until recent years, childbirth was thought of as a painful experience to be endured and abhorred by a woman while her husband waited alone. Since the introduction of psychoprophylaxis in childbirth, the concept has changed to a joyous, shared, peak experience to be faced by the couple as a team (Clark and Affonso, 1976:59; Goetsch, 1966; Kitzinger, 1972:402; Tanzer, 1972:41; Windwer, 1977). The parents' goal is to give birth to a child in a physically and emotionally healthy manner (Standley, 1981).

Growing numbers of couples have elected to share the childbirth experience. Health professionals have been forced to acknowledge the importance of the father's presence to the laboring mother, and to change their approach from focusing on the mother to focusing on the couple. Couples, as consumers, are demanding and receiving family-oriented maternity care. Fathers are present often in hospital labor and delivery suites as active participants.

The literature reviewed stated that the husband has assumed the role of coach, with his primary task being the provision of emotional and psychological support for the laboring mother. He is trained to observe the mother for signs of tension and is taught various comfort measures which he can use to minimize her discomfort. He coaches her in the correct techniques of breathing and relaxation. He guides her, times



her contractions, tests her muscles and gives active support (Bing, 1967: 10; Chabon, 1966: 21-22; Charles et al., 1972: 44; Enkin et al., 1972: 62; Sasmor, 1972: 277-278; Tanzer, 1972: 41, 163).

The Lamaze method of childbirth preparation, historically the psychoprophylactic method espoused by Fernand Lamaze, is "the psychological and physiological preparation for childbirth through which pain may be diminished or abolished" (Huprich, 1977: 245). A Prepared Childbirth course usually consists of five or six weekly classes taught by a certified instructor. The classes usually begin during the seventh month of pregnancy when concern about the upcoming birth experience is especially great.

Leaders and proponents of childbirth education have been conducting studies to validate the claims that have been made about the physical and medical benefits of Lamaze. However, very few studies have focused on the psychological benefits to the family. Many health professionals are now asking: What can be done to facilitate the coping maneuvers of couples during childbirth? The coach is expected to give the mother emotional support and encouragement but no studies have been done to determine how this may be done or which methods are the most effective in rendering the necessary support. Articles such as "Assisting the Couple Through a Lamaze Labor and Delivery" by Huprich (1977), and "Teaching Expectant Fathers How to be Better Childbirth Coaches" by Campbell and Worthington (1982), reflect the need for coach preparation but mainly focus on physical comfort measures, leaving the most important psychological aspects untouched.

The increasing sensitivity among health professionals to the psychological needs and efforts for supporting expectant parents, as well as

the hope for more effective intervention point to the need for this study.

This awareness has resulted in "The Pregnant Patient's Bill of Rights," written by Doris Haire. She stated, "the Pregnant Patient has the right to be accompanied during the stress of labor and birth by someone she cares for, and to whom she looks for emotional comfort and encouragement" (1975:180).

#### Nursing Conceptual Model

The focus of nursing is holistic man constantly interacting with his environment. The theoretical basis of nursing science, as described by Dr. Martha Rogers sees man as surrounded by a dynamic energy field. An imaginary boundary encircles the individual and responds to internal or external needs by contracting and expanding its periphery. The field contracts in response to internal stimuli or needs and expands to deal with external needs. Needs vary in intensity within the individual and at different points in the space-time continuum. The human and environmental fields are co-extensive and in constant interaction (Rogers, 1970:10).

This conceptual model suggests that a woman's energy field contracts during the nine months of pregnancy in response to the physiologic changes within her body, severely diminishes for delivery and re-expands on the third or fourth day postpartum (Levine, 1976).

Labor and delivery is a stress situation involving physiologic-psychologic tension states within the couple's experiential field. Behaviors, thoughts and feelings expressed by any part of the family ego mass affect the state of the whole. Changes in one part of the whole are followed by changes in other parts (Kiernan and Scoloveno, 1977:489; Clark and Affonso, 1976:241).

All nursing activities are aimed at "assisting people to develop patterns of living coordinate with environmental changes rather than in conflict with them" (Rogers, 1970:123). Efforts are made to re-pattern the patient's relationship with his family and his environment to develop his total potential as a human being (Roy, 1974:99).

Preparation for Childbirth is a series of environmental tools nurses may encourage the couple to employ to release some of these tension states in the last trimester of pregnancy. In addition, Prepared Childbirth can assist the woman and her husband in meeting the needs of her contracted energy field during labor and delivery. The woman experiences a narrowed perceptual field. The husband's energy and perceptual fields expand to meet his wife's needs. Prepared Childbirth brings about new ways in interacting. By sharing the birth experience, the couple develop new ways of relating to one another and their new child. Improved mother-father and parent-child relationships result (Moore, 1977:26).

Two major goals for nursing the parturient family evolve from these concepts. They are:

1. To nurture the woman and her husband during labor and delivery so that they can cope optimally during the experience.
2. To support and stimulate the couple so that they will emerge from the labor experience with a strengthened self-system and family unity.

### Coach's Support Style

Although one might accept that the value of having a coach present during labor and delivery is well-known, there have been few descriptions of just what the coach does or what aspects of the coach's behavior are helpful to the parturient woman. Standley et al., (1981) documented support behaviors directed to the woman during childbirth and maternal evaluation of the helpfulness of these activities. The data show husbands were an important source of support. Mothers' postpartum reports centered on the husband's behavior, indicating that the most helpful thing was the husband's presence.

Standley (1981) defined three interactive styles suggested by the labor room observations. Some couples were physically close, others interacted through the technology of the labor room environment, and others had limited observable interaction. These three support styles were labeled: (a) physical interactive; (b) interactive through instrumentation; and (c) noninteractive presence. Standley defines the three support styles by observed father events as follows:

Physical Interactive: These fathers and mothers in labor closely interact through touching. The couples appear to communicate their needs and support through touch - holding, caressing, physically reaching out to each other and offering comfort measures.

Interactive through Instrumentation: The electronic fetal monitor and other instruments and devices common to the labor room environment provide a mechanism through which concern, caring and support can be communicated through attention to a machine, etc. This technique can also be used to avoid more direct interaction.

Noninteractive Presence: Some fathers do not appear to interact behaviorally with their wives in labor. He is present in the room but the observable interaction is limited. This is not to say that the couples are not acting appropriately in the labor situation or that their behaviors are not to their mutual satisfaction.

#### Reason For Study

Standley and Nicholson (1980) state that the physical and social environment, reflected in the relative amounts of stress and support a woman experiences contribute to a woman's expectations, behavior and evaluation of childbirth (p.18). If studies can show that utilization of one of these three support styles by the coach leads to greater satisfaction with the childbirth experience, then this allows for interventions in the course of childbearing which contribute to the psychological and physical health of the father, mother and infant, thereby achieving the two major goals for nursing the parturient family mentioned previously.

#### Purpose

The purpose of this study was to investigate whether the coach demonstrated the support style during labor that the couple had previously planned. Furthermore, it investigated if the couple's postpartal perceptions of the coach's support style agreed with their prenatal expectations and the support style observed by the researcher. Lastly, it investigated the relationship between the support style demonstrated by the coach during labor and the couple's satisfaction with the childbirth experience.

### Research Questions

The four research questions were:

1. Did the coach demonstrate the support style during labor that was previously planned?
2. Will the couple's postpartal perceptions of the coach's support style agree with their prenatal expectations?
3. Will the couple's postpartal perceptions of the coach's support style agree with the observed support style?
4. What is the relationship between the coach's support style demonstrated during labor and the degree of the couple's satisfaction with the childbirth experience?

### Hypotheses

It was hypothesized that:

1. The coach would demonstrate the same support style during labor as the couple had previously planned.
2. The couple's postpartal perceptions of the coach's support style would agree with the style they had planned antenatally.
3. The couple's postpartal perceptions of the coach's support style would agree with the support style observed.
4. There would be no difference in the couple's degree of satisfaction with the childbirth experience among the three support styles observed.

### Definition of Terms

For the purpose of this study, terms were defined as follows:

Labor Coach: A person who attends a Prepared Childbirth course with the expectant mother and then accompanies her throughout the labor process.

Prepared Childbirth Course: A series of four to six weekly two hour classes on Lamaze Childbirth techniques taught by a certified childbirth educator.

Coach's Support Style: One of the three methods by which the coach gives emotional support to his wife in labor, as defined by Standley (1981):

Physical Interactive: These fathers interact with the mother in labor through touching. The coach communicates his support through touch - holding, caressing, physically reaching out and performing comfort measures for the mother.

Interactive through Instrumentation: The electronic fetal monitor and other instruments and devices common to the labor room environment are the means by which support is communicated (i.e. through attention to a machine).

Noninteractive Presence: The father is present in the room but no observable interaction occurs.

Planned Support Style: The support style the couple plans for the coach to use during labor as determined by the Antenatal Questionnaire completed during the last Prepared Childbirth class.

Demonstrated Support Style: The support style demonstrated by the coach during the mother's labor as determined the support category with the highest Z score after completion of the Naturalistic Observation Form (Standley and Anderson, 1977) during a one hour observational visit.

Postpartal Perceptions of Support: The couple's postpartal perceptions about the support style utilized by the coach during labor as determined the actions listed during an interview completed the first week postpartum.

Postpartal Satisfaction: The couple's rating of satisfaction with their childbearing experience as determined by an eight point scale on a short questionnaire completed during the first week postpartum.

### Assumptions

This study is based on the following assumptions:

1. Support from the coach during labor is an important need of the mother.
2. Couples' prenatal expectations about the support style to be used during labor can be measured.
3. Couples' postpartal perceptions about the support demonstrated by the coach during labor and their satisfaction with the childbearing experience can be measured.
4. The couples will understand the questionnaires and will respond to the questions and statements completely and honestly.
5. Support is given to the Prepared Childbirth mother during labor through the coach's utilization of Prepared Childbirth techniques.
6. Three support styles can be distinguished among labor coaches as described by Standley.



### Limitations

1. Since the sample is a small, non-probability sample, generalization to larger populations is limited.
2. There is no control for the variables of age, socioeconomic status, race, motivation in attending Prepared Childbirth classes, previous experience in childbirth, or exact content utilized by the childbirth educator.
3. The questionnaires used prenatally and postpartally have been developed from similar questionnaires utilized by Anne Campbell for her Master of Science Thesis and have no reliability or validity coefficients established.

### Delimitations

The following delimitations were imposed by this investigator for this study:

1. Data collection was done in one geographic location, the southeast, and in one small city hospital.
2. The study included married Prepared Childbirth couples who took their course at this one hospital.
3. The subjects gave consent to participate in the study.
4. Subjects with obstetrical complications were not accepted into the sample.
5. Subjects who developed obstetrical complications during labor and delivery were dropped from this study.

## Chapter 2

### LITERATURE REVIEW

#### Introduction

For this study, selected literature was reviewed in the following areas: theories and methods of childbirth preparation, the role of the father in childbirth, stress and adaptation of pregnancy, labor, and delivery, effect of the father's presence during childbirth, rendering of emotional support to the woman in labor, and perception of the childbirth experience. The review indicates that fathers contribute a great deal to the childbirth experiences of couples by their presence and by their behavior as labor coaches. Therefore, it is important to investigate the effectiveness of various coaching behaviors to help train fathers to function as more effective coaches and thereby improving couples' satisfaction with their childbirth experiences.

#### Theories and Methods of Childbirth Preparation

It is believed that prior to the early 1900's, women in the United States did not routinely prepare for childbirth. In the past 20 years, however, public demand for education prior to childbirth has flourished. Numerous programs and organizations have been established nationwide. Prepared Childbirth is referred to by many different names such as: Psychoprophylaxis, Lamaze, Natural Childbirth, Husband-Coached Childbirth, etc. Most programs are based on a modification of one of the European methods (Dick-Read or Lamaze) (Sasmor, 1973:48).

The Psychoprophylactic Method began in Russia in the 1940's by Dr. I. Velvosky, was introduced to France in 1951 by Dr. F. Lamaze

(where it became known as "Lamaze"), and was introduced to the United States by Mrs. Marjorie Karmel in 1959. Karmel was a patient of Dr. Lamaze while living in France, and had her first baby using the Lamaze Method. In an effort to inform Americans about this method, she wrote a book, Thank you Dr. Lamaze. Karmel introduced the concept of the husband as coach. In 1960, she and Elizabeth Bing founded the American Society for Psychoprophylaxis in Obstetrics (ASPO) which promotes the method and trains instructors.

The Lamaze Method involves explicit training for conscious, active participation in coping with a stress situation. The theoretical basis for Lamaze rests on the concept that an interruption in the neurophysiological mechanism of pain transmission can be produced by developing a conditioned response which will either shut out or sublimate the painful sensation. The Prepared Childbirth classes taught in most of the United States also stress the importance of psychoemotional factors. Grantley Dick-Read's (1959) theory of the fear-tension-pain cycle has been incorporated into the method taught in this country. He surmised that women have a preconditioned fear of childbirth as a negative experience. When a woman then experiences labor, this fear causes a tension reaction to uterine contractions, which causes in turn, a perception of these as painful. These reactions then become a cycle which is self-reinforcing. This cycle is broken by the use of relaxation, concentration and breathing techniques, and by the reduction of fear through childbirth education. In the United States, the emphasis has changed from painlessness as a goal toward the stressing of psychological and emotional benefits. Classes stress the psychological rewards along with the removal of anxiety and fear of unknown, and the need for support in labor (Tanzer, 1972:39).

The husband's role is emphasized as that of an active supporter, comforter and director or "coach" for his wife (Sasmor, 1972:277; Huprich, 1977:247; Zax et al., 1975:185-186; Hogan and Russell, 1978:224; Campbell and Worthington, 1982:31; Bing, 1972:72; Charles et al., 1978:44; Enkin et al., 1972:62; Chabon, 1966:21; Tanzer, 1972:41).

The couples learn the Prepared Childbirth techniques by attending a series of six weekly classes (plus or minus one week) beginning in the eighth month of pregnancy. They are taught the physiological and psychological processes of pregnancy, labor, and delivery. They learn body conditioning exercises, and they learn how to control their labors through relaxing and breathing techniques. The mind is trained through control and concentration to alleviate the discomforts of labor (Ewy and Ewy, 1976:30). The husband is taught how to coach the wife in performing these methods and specific comfort techniques to help his wife during labor and delivery.

The goal of childbirth education is stress adaptation, to provide the expectant mother with mechanisms by which she can cope with the physical and emotional stressors of parturition (Sasmor, 1973:49).

#### Stress and Adaptation of Pregnancy, Labor, and Delivery

Stress is the nonspecific response of the body to any demand made upon it. It is immaterial whether the situation we face is pleasant or unpleasant. All that counts is the intensity of the demand for readjustment or adaptation (Selye, 1974:27). Birth is a stressful life event necessitating adjustment or adaptation in order for the individual to regain equilibrium. It requires coping maneuvers for the re-establishment of emotional stability (Standley, 1981:1; Umana et al., 1980; Chertok, 1969: 33; Caplan, 1959).

Pregnancy creates a psychological crisis in all women (Chertok, 1969; Colman and Colman, 1971). It is characterized by introversion and dependency by the woman upon her husband and (Rubin, 1970; Colman and Colman, 1971). The mother feels highly vulnerable to loss or rejection and tends to prefer to remain at home. She does not involve herself in interests or concerns outside those of pregnancy. In the last month of pregnancy, the woman becomes anxious about the approaching labor and afraid of losing control. She explores plans for her husband's support during labor and for his participation in parenting (Colman and Colman, 1971:57). Prepared Childbirth gives the husband a means for rendering support to his wife and becoming involved in parenting. He can link her dependence upon him to a critical event, and he can learn specific ways to take care of her which will have a real influence on her psychological and physical comfort (Colman and Colman, 1971:129).

Labor and delivery is seen as the climax of the psychological crisis of pregnancy (Chertok, 1969:33). Three factors act as determinants in the resolution of this crisis: Perception of the childbirth experience; availability of situational support and; presence of adequate coping mechanisms (Aquilera and Messick, 1978:21). Prepared Childbirth seeks to strengthen all three of these factors through: Education; reduction of fear and misconceptions; providing a coach to whom the mother is emotionally attached and; teaching the couple specific coping mechanisms for the problems encountered during labor (Charles et al., 1978; Moore, 1977).

A pregnant woman brings to the experience of labor all of her psychological strengths and weaknesses. During labor, a woman must depend on the people surrounding her. Her experience will be strongly affected by the amount of security and trust she feels in the people

helping her. If a woman feels neglected or lacking in support at any time during hard labor or during delivery, she may feel too angry, too inadequate or too frightened to focus on caring for the infant after her delivery. But, "if she feels proud, competent and trusting through labor and delivery she will more likely to experience motherhood as a joy" (Colman and Colman, 1971:79). Support from the husband during labor and delivery will help insure a positive experience and an adequate adjustment to motherhood (Dick-Read, 1959:280; Woolery and Barkley, 1981).

To the father, supporting his wife during labor and delivery can be a source of great inner satisfaction. His presence during the birth makes it an experience in which they can share in each other's joy at their accomplishment (Clark and Affonso, 1976:56).

#### Role of the Father in Childbirth

Traditionally, the American expectant father's role was limited to impregnation and financial provision (Phillips and Anzalone, 1978: vii). During his wife's labor, he would complete admissions procedures and proceed to the "Father's Waiting Room," where he would alternate sleeping in a chair with pacing the floor. Eventually, he would be visited by a doctor or nurse who would inform him of his wife's delivery and sex of the baby (Phillips and Anzalone, 1978:ix). Fathers were prepared for the role of "breadwinner". They were not oriented to the possibility of becoming a part of the childbirth process (Phillips and Anzalone, 1978:viii; Sasmor, 1972:277). Women, however, are oriented from childhood on, to the possibility of becoming a mother (Sasmor, 1972: 277). They grow up playing with dolls and seeing women portrayed as mothers in the media (Phillips and Anzalone, 1978:viii).

Women find abundant literature about their role in childbirth and parenting. However, little literature exists for the expectant father except to state that his wife needs his understanding and support (Phillips and Anzalone, 1978:7). This leaves many expectant fathers wondering how to give support to their wives and feeling helpless because of no existing role preparation. Prepared Childbirth has fulfilled this need of the expectant father. He is taught specific behaviors and techniques to employ in the rendering of support to his wife, and feels like a valued participant in the childbirth experience through her reliance upon him. Bing states the father's role is crucial. "He must be constantly ready to provide both moral and physical support, not only by his own emotional and physical involvement, but also by the application of specific techniques learned in class" (1967:10).

Campbell and Worthington found that women endure uncomfortable stimuli longer when encouraged by a coach. Their findings led them to suggest that the husband's coaching during labor may be a very powerful component of the Prepared Childbirth method (1982:50).

#### Effect on the Family

In the past, it was not recognized that the child is a mutual enterprise through whose birth the husband finds psychological expansions of his ego, with unifying values of his husband-wife relationship (Cronerwett and Newark, 1974). In recent years, the increased isolation of the nuclear family has made the marital relationship a more crucial element in the stability of family life. According to Reva Rubin, the survival of the nuclear family is totally dependent upon the husband-wife relationship (1975). As the modern family becomes isolated and as

other important group memberships break down, the individual must rely increasingly on the marital relationship, which is rarely equipped to replace all the forces which formerly gave support to the pregnant woman (Bibring, 1961:15). The mother was once given support, encouragement, teaching and reassurance by members of the family, the community and other women. Without these, the woman passes through the crisis of pregnancy, labor and delivery without adequate coping mechanisms (Tanzer, 1972:71).

Caplan states that crisis can be a turning point in one's life because through it, better problem-solving approaches emerge. Whether crisis will weaken or strengthen the family is dependent upon the process by which it is resolved (1966). Prepared Childbirth, with the utilization of paternal support, seeks to provide coping mechanisms to fill this gap.

The father's participation implicates a better understanding and an improved relationship of the couple (Buckley, 1972:95-96; Tanzer, 1972:163; Pawson and Morris, 1972:275; Dick-Read, 1959; Henneborn and Cogan, 1975:220; Moore, 1983).

Traditionally, our society has denied permission to men to become emotionally committed to childbearing and this has made many believe that they are unnecessary participants in pregnancy and birth (Biller and Meredith, 1975). There is evidence that early paternal deprivation has a significant influence on a child's personality development (Nash, 1965). Studies indicate that emotional disturbances in children can be traced to the detachment or lack of involvement of a father with his children (Robischon and Scott, 1969).

The attendance at classes and participation of fathers in Prepared



Childbirth has slowly begun to alter the idea that the father does not belong and changes in family life are resulting. Colman and Colman state that it is rare for a man to return to a non-participatory role once he has experienced such direct involvement (1971:141). The husband grows in his own self-esteem and this gives him confidence to deal with future problems, to give further support to his wife and to care for his children (Forbes, 1972:282; Cronerwett and Newmark, 1974).

Tanzer studied Prepared Childbirth women whose husbands were with them at delivery and found that they scored high on self-actualization - typical of the person whose basic emotional needs are gratified. One month after delivery, studies showed that husbands of the "natural childbirth" women were perceived and responded to much more positively than were the husbands of the non-prepared wives (1968:20).

Hott studied Prepared Childbirth couples who had experienced the crisis of an operative or anesthetized delivery. Postpartally, the women had definite changes in their concept of Ideal Woman. Their husbands saw Ideal Husband and Ideal Man as less active than did their participating peers who shared delivery as planned (1979).

Cronerwett and Newmark found that fathers who were prepared had more positive responses to the childbirth experience and to their mates. They suggest that part of the reason appears to be that the prepared men were able to perform with the strength characteristic of their husband role, and attendance at delivery completed the experience by allowing the man to be the chief supporter of his wife throughout the childbirth period (1974:214). Ewy agrees with this and adds that the husband's active participation demonstrates "that he cares a good deal about what is happening to the woman he loves" (1970:1).

If parents have an improved relationship and understanding, they might also feel better about their child, resulting in an improved parent-child relationship (Moore, 1977). This results in improved mental health of the whole family, which will reflect in the future social and psychological behavior of the children (Moore, 1977:25; Tanzer, 1968:18; Tanzer, 1972:73-74; Silva-Mojica, 1972:36-37; Hommel, 1972:51; Barnard and Bee, 1979).

### Emotional Support and Coaching Behaviors

Emotional support has not been specifically defined in the literature. It is frequently referred to, discussed and described by actions resulting from it or results obtained by it. Webster defines the word support as, "to give courage, faith or confidence to; help or comfort" (1970). Evans states that emotional support is given through "understanding, patience, and love." She says that in giving emotional support, you are communicating to the person that "you are on his side" (1971:222).

Clark and Affonso describe a "support system" as "a means of providing help because there is a difficulty in handling the situation by one's self" (1976:369). The literature implies that support is given through a helping relationship.

A supportive relationship is a necessary pre-requisite for the pregnancy to be accepted and anticipated with pleasure. Where this relationship is missing, the pregnancy is likely to be viewed as a disaster (Clark and Affonso, 1976:245; Colman and Colman, 1971).

During pregnancy, a husband can show support to his wife through a demonstration of love, through protection and concern about her, and through assistance with household responsibilities (Clark and Affonso, 1976:246).

The actions mentioned which husbands perform in giving emotional support to their wives during pregnancy and childbirth include rendering of the aspects mentioned above, as well as the following:

1. Raising morale, improving physical comfort and help with psychoprophylaxis (Pawson and Morris, 1972:275).
2. Attending classes with his wife and serving as her coach for the exercise and breathing techniques. Encourage and direct her work in labor and delivery (Chabon, 1966:21-22).
3. Provide both moral and physical support, not only by his own emotional and physical involvement, but also by the application of specific techniques (Bing, 1967:10).
4. An attentive and benevolent attitude to the mother in labor (Chertok, 1969:17).

O'Leary said the trained husband provides the hospital staff with an example of how to give effective support to a woman in labor and at delivery (1972:98). According to Sasmor, "he assists her by his presence, bringing the strength of their relationship and supporting her efforts as no detached professional could" (1972:278). Chabon even goes so far as to say, "many a woman would have been unable to deliver her child awake, aware and actively participating had it not been for the support, encouragement and guidance of her husband" (1966-98).

Chertok observed that if a well-prepared woman was left alone during labor she did not cope any better than the unprepared woman. The degree of positive feelings expressed by the mother postpartally depend to a large extent on the support she receives in labor (1969:17, 21; Hommel, 1972:51; Tanzer, 1968:20, 1972:98).

Although one might contend that the value of having a companion

present during labor and delivery is well known, there has been little description of just what the coach does or what aspects of the coach's behavior are helpful to the laboring woman. Standley and Nicholson (1980) developed a time-sampling method (see Chapter 3) to observe supportive events and the environment of the laboring woman. They focused on the following support behaviors directed toward the laboring woman: presence of the coach, conversing, touching, coaching breathing, and the use of comfort items. Klein et al., employed this Naturalistic Observation method with couples in labor and then interviewed them postpartally to determine which behaviors were most helpful (1981). The most helpful thing the fathers did was to "be there" (p.163). These researchers also found a lack of association for the fathers between their actual behaviors and the mothers' perceptions of their helpfulness. The work of Bowlby (1969) suggests an explanation. The mere presence of an attachment figure substantially reduces anxiety, provided the relationship with the attachment figure is a secure one.

Standley (1981:6) suggested three interactive styles that coaches use to render support based upon the naturalistic observations she conducted. These three styles were labeled: physical interactive, interactive through instrumentation, and noninteractive presence. The three support styles as defined by observed father events are as follows:

**Physical interactive:** These fathers and mothers in labor closely interact through touching, the behavior coded TOUCH for the father. The couples appear to communicate their needs and support through touch - holding, caressing, physically reaching out to each other.

**Interactive through instrumentation:** The electronic fetal

monitor and other instruments and devices common to the labor room environment provide a mechanism through which some couples communicate with each other. The behavior is coded EQUIPMENT for the father. Concern and caring as well as requests for support can be communicated through attention to a machine, or alternatively, instruments can be used to avoid more direct interaction.

Noninteractive presence: Some fathers do not appear to interact behaviorally with their wives in labor. The behavior is coded X for the father, indicating that he is present in the room but is evidencing no codeable behavior toward his wife. This is not to say that the couples are not acting appropriately in the labor situation or that their behaviors are not to their mutual satisfaction, rather that the observable interaction is limited.

In preliminary studies investigating these three support styles Standley could not conclude that any one of these styles was perceived as any more (or less) supportive by the women postpartally (1981:7). This was also validated by Klein et al (1981:164).

#### Perception of the Childbirth Experience

Perception is the capacity to receive sensory stimuli from the environment and to interpret them. Perception utilizes visual, auditory, tactile and other senses (Almeida and Chapman, 1972:563). Perception patterns and gives meaningfulness to stimuli received through the senses (Clark and Affonso, 1976:71). Each person has a system of perception that interacts with his visual field to provide a basis for understanding a given situation (Kissinger and Munjas,

1982:54). Perception refers to the process that occurs between sensing and thinking. It uses the immediate sensory experiences and experiences from the past. One sense is modified by the other (Evans, 1971:108).

Perception is the interpretation of experiences. It is influenced by our memory. We pay attention to and seek out information that supports what we already know and believe, and discard the rest. But without memory, we could not determine what sensations and experiences to accept and what to ignore, therefore memory and perception interlock (Owen et al, 1978:206). The task of perception is to filter and decode the information that comes in such a way as to identify the consistencies and relationships in the world around us, and make it predictable, so that we can deal with it appropriately (Ruch and Zimbardo, 1971:239).

It is known that personal experience influences perception. Some other factors influencing perception are: intactness of the sense organs, direct suggestion, intelligence, surroundings, anxiety level, cultural experience, interests, motives, and expectations (Evans, 1971:108; Ruch and Zimbardo, 1971:269).

The individual's biological needs are also factors in perception. People tend to perceive only those aspects of the environment which are related to the gratification of immediate or long-term needs (Coleman, 1972:112).

The perception of people, like other perceptions, is an active process in which we try to identify a consistent and predictable structure in other people. Thus, we tend to attribute characteristics to them, thereafter continuing to see these characteristics in them, even despite contrary evidence. The initial information from a first encounter with someone creates a frame of reference which the perceiver uses to interpret later information. If later information is discrepant, it is distorted so

that it fits the established frame of reference (Ruch and Zimbardo, 1971: 265, 269).

Perception may influence behavior. Impressions we hold of others can lead to differences in their behavior (Ruch and Zimbardo, 1971:268).

Perception is also utilized with the abstract. Since one cannot see the thoughts or desires of another person, he must infer them from the observable behavior and does so actively, drawing on his preconceptions about the individual and about people in general (Ruch and Zimbardo, 1971:266). They refer to one of the best known perceptual errors as the "halo effect". When a person rates others on several traits, he usually rates them in terms of an overall impression of goodness or badness (p.265).

Freedman, et al., (1952) conducted a study in which mothers and observers rated the degree of emotional support (judgmentally) which the mother required during the three stages of labor. A discrepancy existed between the mother's rating of the degree of emotional support required and the observer's ratings. This was attributed to maternal expectations and perceptions.

Maternal perception of paternal support is influenced by her overall feelings about her husband, the way he has supported her in the past, and her level of anxiety. She more readily perceives what which is consistent with her pre-existing attitudes about her husband. The meaning of his behaviors during labor and delivery is interpreted according to her preconceptions. The "halo effect" could influence her responses to statements about his support style and satisfaction with labor and delivery. The researcher intends to employ the Naturalistic Observation Method to objectively determine the coach's support style for final data analysis regarding the relationship between the coach's support style and postpartal satisfaction with the childbirth experience.

### Summary

During the past decade there has been considerable change in the procedures surrounding labor and delivery. The tradition of the mother being alone and under heavy sedation with the father pacing nervously somewhere out of the way, is giving way to more active father participation. No longer is the father's presence in the labor and delivery room viewed as unthinkable. It is accepted that when paternal support is available to a woman in labor, a woman can emerge from labor with a sense of well-being, accomplishment, and a stronger self-concept. She comes closer to self-actualization. Her husband also has an improved self-concept and takes on an active participatory role in childbearing (Clark and Affonso, 1976; Tanzer, 1968, 1972; Hott, 1979; Colman and Colman, 1971).

There has been scant description, however of just what the coach does or what aspects of his behavior are helpful to the parturient woman. Many expectant fathers are unprepared for emotional involvement and active participation in the childbirth experience. They are unsure of the behavior expected of them and may feel helpless due to lack of role preparation. Prepared childbirth helps the coach by teaching specific methods to use that are supportive to his wife. Campbell and Worthington (1982) have recognized the importance of this need for coaches to be taught specific behaviors to help their wives during labor, but no research has been done to determine which behaviors are most supportive and lead to increased satisfaction with the childbirth experience. This study examines the three support styles, the couple's expectations for labor, postpartal perceptions of labor, and the effect on their satisfaction with the childbirth experience.



## Chapter 3

### METHODOLOGY

#### Introduction

The purpose of this study was to investigate whether the coach demonstrated the support style during labor that the couple had previously planned. Furthermore, it investigated if the couple's postpartal perceptions of the coach's support style agreed with their prenatal expectations and the support style observed by the researcher. Lastly, it investigated the relationship between the support style demonstrated by the coach during labor and the couple's satisfaction with the childbirth experience.

Data were collected using multiple instruments at three points in time:

- (1) The Mother's Antenatal Questionnaire and the Coach's Antenatal Questionnaire completed at the last Prepared Childbirth class.
- (2) Standley's Naturalistic Observation completed by the researcher during one hour of the mother's active labor and
- (3) The Mother's Postpartum Questionnaire and Interview and Coach's Postpartum Questionnaire and Interview completed during the first week postpartum.

#### Design

The research design for this study was a descriptive correlational design. Since a non-probability sample was used, a true population randomization could not be assumed. Therefore, generalization of the results beyond this sample could not be made.

## Subjects

The sample for this study included married couples who registered for and attended Prepared Childbirth classes conducted at a small town hospital in the southeast, where data were collected during all three sampling intervals. The first sampling of data occurred during the last Prepared Childbirth class when the couples completed the Mother's and Coach's Antenatal Questionnaires. At that time, the mothers in the sample were beginning the ninth month of pregnancy. The second sampling of data occurred when each couple was in the hospital labor room. The researcher made a one hour observational visit, during which time the Naturalistic Observation Form was completed. During these visits, the mothers in the sample were experiencing active labor. The last sampling of data occurred during each mother's first week postpartum. At that time, the couple completed the Mother's and Coach's Postpartum Questionnaire/Interview. The total time for data collection in this study was three months.

The Prepared Childbirth classes were open to any couple who planned delivery at this particular hospital. No fee was charged for the course. To register for the course, the expectant parent called the hospital nursing office, where a secretary took her name and other relevant information. The secretary then assigned the couples to a class on the basis of her expected delivery date, and the couple was told the exact time, date and location of the classes.

Three childbirth educators are employed by the hospital to conduct childbirth education classes. The researcher was one of the educators who taught a class of subjects in the study. The second childbirth educator was a nursing office secretary who had had a baby using Prepared Childbirth

techniques and was trained to teach Prepared Childbirth classes by the researcher. She utilized the exact same format and class content as did the researcher with her class. The third childbirth educator was an LPN with many years experience in labor and delivery, who was trained two years ago by an ASPO certified instructor and has been teaching classes since that time. Her couples were taught the same philosophical content, breathing and relaxation techniques as the other two classes. The subjects in this study were drawn from the classes of all three instructors.

The criteria for acceptance into the study were:

- (1) Only the mothers whose husband was their coach were accepted.
- (2) Only the couples who expected a non-complicated vaginal delivery and had no diagnosed obstetrical complications were accepted.

The hospital usually only conducted one five week series of classes at a time. The class consisted of 14 couples. Therefore, three separate Prepared Childbirth classes were approached to participate in the study. The first class approached consisted of twelve couples (two couples had delivered before the last class) taught by the researcher. Eight of the remaining couples met the criteria for acceptance and seven couples consented to participate in the study. The other two classes were taught concurrently (on two separate week-nights) because of high demand. Each class had twelve couples. Nine couples from each class met the criteria for acceptance. Six couples from each class consented to participate in the study. Seventy-five percent of the total couples approached who met criteria for acceptance consented to be in the study. The researcher believes that the main reason the other 25 percent did not choose to participate was that childbirth is considered a very private event, and some couples may not have wanted an observer present.

The total sample size after initial acceptance into the study was 19 couples. The final sample size used for data analysis was 10 couples. The rate of attrition was 37.5 percent. Seven of these women had delivery by Cesarean Section which has been found to alter postpartal perception of the childbirth experience and decrease satisfaction (Hott, 1979) and were therefore eliminated from the study. The eighth couple elected to withdraw from the study after delivery. The researcher believes this was the result of a confrontation with the nursing staff about some of the hospital's policies. The ninth couple was eliminated from the final sample because the mother experienced fetal distress during the observational visit. This would have altered the couple's postpartal perceptions about the childbirth experience (Standley et al, 1977:162).

#### Setting

The study was conducted in Kissimmee, Florida, a small town with a population of 62,400 people. The town has two private hospitals, only one of which has an obstetrical department. The hospital with the obstetrical department is responsible for meeting the obstetrical needs of the entire county. It has a capacity for 127 beds, eight of which are for obstetric patients. The Obstetrics Department has an average of 48 deliveries a month. The patients are mainly private paying patients, however approximately 20 percent are patients from the County Health Department Clinic, who arrive as "walk-ins" and are assigned to the doctor on call.

Data gathering occurred in the above mentioned hospital in three settings: The Prepared Childbirth classroom, the labor room and the postpartum hospital room.

### Procedure

A meeting was held with the other two childbirth educators whose classes were approached for the study, to explain the nature of the study, and the date and time the researcher could visit their classes and begin data collection with consenting couples was agreed upon. A letter was sent to the Director of Nursing at the hospital previously described requesting permission to collect data on the Prepared Childbirth couples in their classes (See Appendix A). Written permission was granted provided a visit was made and written consent was received from the doctors of the couples to be accepted in the study (See Appendix B). Each physician was visited, the purpose and methodology of the study was explained and written consent was obtained (See Appendix C). A copy of this consent was placed on file in the nursing office along with copies of the instruments to be utilized in data collection.

During the last Prepared Childbirth class of each of the three groups, the investigator briefly explained the nature of the study to the couples. The couples were told the purpose of the study was "to study Prepared Childbirth couples in order to gain more knowledge and improve future courses." The couples were then given consent forms (Appendix E), Mother's Antenatal Questionnaire (See Appendix G) and Coach's Antenatal Questionnaire (See Appendix H). The researcher explained that the study involved a one hour observational visit during labor, and a postpartum interview. Subjects were told that participation was voluntary and the researcher gave the following instructions to the group:

1. Married couples who plan to deliver at this hospital are needed for the study.

2. Everyone will remain anonymous. Names will not be used.
3. The information obtained will be confidential.
4. During the one hour observational visit, the researcher would remain in a corner of the room and in no way interfere with the couple's interaction.
5. Please call the researcher when in labor and leaving for the hospital.
6. Please answer all questions on the questionnaire.
7. Please answer the questions honestly.
8. Do not collaborate with your spouse about your answers.
9. If you do not understand any of the questions, please ask and the researcher will explain them to you.

The investigator remained with the subjects while they completed the questionnaires in order to answer any questions. This process took approximately 20 minutes. All subjects who agreed to participate signed consent forms and completed the questionnaires which were checked by the researcher for completeness as they were collected. The subjects were then given a written reminder to contact the investigator when in labor and leaving for the hospital (See Appendix F). All subjects were thanked for their cooperation.

The Naturalistic Observation Form (See Appendix I) was completed by the investigator during a one hour observational visit to the couple in the labor room during active labor. The observation was not completed if any abnormality of labor occurred (Standley et al, 1977:162).

The Mother's Postpartum Questionnaire/Interview (See Appendix K) and Coach's Postpartum Questionnaire/Interview (See Appendix L) were conducted by the investigator during the first week postpartum in the

couple's hospital room.

### Instruments

The data-gathering instruments used by the investigator included:

- (a) Mother's Antenatal Questionnaire (See Appendix G).
- (b) Coach's Antenatal Questionnaire (See Appendix H).
- (c) Naturalistic Observation Form (See Appendix I).
- (d) Mother's Postpartum Questionnaire/Interview (See Appendix K).
- (e) Coach's Postpartum Questionnaire/Interview (See Appendix L).

The Mother's Antenatal Questionnaire and Coach's Antenatal Questionnaire were developed by Anne Campbell and utilized for her Master's Thesis in May 1980 (See Appendix O for permission of the author). This researcher combined Campbell's Preliminary and Antenatal Questionnaires to make one questionnaire. The original tools were reviewed for Campbell by a committee of three faculty members at the Medical College of Virginia for validity of item content and approved. No reliability studies have been conducted with these instruments. This investigator has added one additional question to these questionnaires dealing with the coach's support. Some non-relevant questions were deleted.

The Naturalistic Observation Form was developed by Barbara Jo Anderson and Kay Standley of the Social and Behavioral Sciences Branch of the National Institute of Child Health and Human Development in 1977. (See Appendix D for permission letter). It utilizes a direct, observational approach for studying the childbirth environment and will be discussed in detail later in this chapter.

The Mother's Postpartum Questionnaire/Interview and Coach's Postpartum Questionnaire/Interview were also developed by Anne Campbell and

used for her Master's thesis. These forms were reviewed by the previously mentioned faculty committee for validity of item content and approved. This researcher added one item regarding the coach's support and changed the wording of two of the interview questions from, "what things did your coach do for you during labor that you especially liked?" to "what things did your coach do for you during labor that were especially supportive?" The coaches were also asked what their opinions were about the actions which they thought were especially supportive.

The content areas of Campbell's questionnaires were drawn from literature and research about Childbirth Preparation and the effects of the father's presence upon the childbirth experience of couples.

#### Antenatal Questionnaires

The Mother's and Coach's Antenatal Questionnaire (See Appendix G and H) were completed in the last Prepared Childbirth class. Part I solicited demographic data in order to determine whether age, education, parity, or previous childbirth experience influenced studied factors. Couples' names, addresses and phone numbers were gathered to aid in facilitating the observational labor visit and the postpartum interview with them.

Question number one of Part II asked the mother and coach what persuaded him or her to take Prepared Childbirth classes. This item was included to gain perspective into the individual's motivation in participating in childbirth education classes.

Question number two of the Coach's and questions two and three of the Mother's Antenatal Questionnaire solicited data about the couple's practice time to determine if the results were influenced by this factor.



Part III of the questionnaire consisted of ratings on an eight-point scale, anchored at each end point. The two scale questions included addressed the mother's and coach's feelings about the coach's willingness to take Prepared Childbirth classes and the couple's confidence in him as a labor coach. Part IV of the questionnaires required a written description of the actions each partner thought or expected the labor coach would do for the mother during labor that would be supportive. This data enabled the researcher to assign the coach to one of the three support styles delineated by Standley: physical interactive, interactive through instrumentation and noninteractive presence (1981).

#### Naturalistic Observation Form

The Naturalistic Observation Form (See Appendix I) was developed by Standley and Anderson (1977) in response to the need for a more objective method for recording childbirth data. It is a method designed to obtain detailed behavioral data on the process of labor. Events are recorded in their natural setting with as little intrusion as possible by the observer. It was developed from observations of many labors. Commonly occurring events were grouped into categories for assignment of codes to observed behaviors. This method must be used with judgment and sensitivity to the intimate nature of the birth experience (Standley, 1981:3).

A trained observer using this instrument assigns codes to behaviors which are observed, recording observable features of the woman's physical state, the identity and interactions of persons in the labor room, a variety of medical interventions, and social behaviors and themes of verbal conversations with the laboring woman (Standley and Nicholson, 1980:16).

The behavior categories are time-sampled in cycles of 30 seconds for observing followed by 30 seconds for recording. The recording sheet is designed so that 10 observe-record cycles, or ten minutes of real time, are entered on each sheet (See Appendix I). Six sheets are completed giving a total observation time of one hour.

The focus of the observation session is the woman in labor. During every 30 second interval, her physical state is sampled utilizing several indices. The observer records the presence or absence of a uterine contraction, the woman's pattern of breathing and degree of muscular tension as expressed on her face and in her upper extremities. Vocalizations covering a range of affect from laughing to screaming are coded. The position of the woman's body, along with body movement are also recorded in each interval.

The extent and nature of the social and medical interactions with the woman in labor are also recorded. In each 30-second interval, the father, nurse, obstetrician or any other person in the labor room, their proximity to and behavioral interactions with the laboring woman are recorded. Behavioral interactions with the laboring woman are described by eight categories. Four categories refer to supportive social interaction: Conversation, touching, offering a comfort item and modeling breathing techniques for relaxation. The other four categories describe interactions that are medically oriented: maintenance of equipment, examination, medication, discussion of equipment.

For each interval in which the woman is involved in conversation, informational content of the exchange is coded using nine categories. Five categories describe supportive conversation themes: Well-being baby, relationship, breathing, and non-delivery. The last four cate-

gories pertain to medically-related topics: labor, pain, medication, and procedure-environment. A column is provided for notation of specific events or conditions which may bear on the physical state of the woman or the course of labor. This augments the information noted in the behavior codes.

A training videotape was obtained by this researcher from the National Institute of Child Health and Human Development in order to establish observer reliability. The training tape includes an introduction to Naturalistic Observation in general, and the childbirth instrument in particular, with demonstrations of each of the behaviors which can be coded. An action sequence features a couple in labor, their nurse and obstetrician. A sample coding sheet with the correct codes for the preceding 30 second observation interval is inserted in each 30 second record interval, while the audio continues. The researcher filled out a coding sheet concurrently with the videotape and then checked her answers for agreement with the correct codes on the sample coding sheet. 92 percent agreement was reached. The originators of the instrument required 90 percent agreement for their observers to establish reliability during their study (Standley and Nicholson, 1980:17). In order to correctly utilize the Naturalistic Observation Form, the researcher required that the mother be experiencing active labor with her coach in attendance. If perinatal complications developed, the observation was discontinued, as it would influence the results.

The Naturalistic Observation Form was developed by Anderson and Standley at the National Institute of Child Health and Human Development to increase understanding of perinatal events which may bear on early family formation.

This study has a strong methodological focus in that there are comparisons of two methodological strategies at two time points, i.e., comparisons of researcher-observer and parent-participant perceptions. These comparisons are made with the observational and interview data to compare views of the childbirth experience (Standley 1977:7).

After completing the Naturalistic Observation Form, the coaches were assigned to one of the three support styles delineated by Standley (1977:9) (physical interactive, interactive through instrumentation and non-interactive presence). The identification of the coach's support style was on the basis of the observed father events. Various father events have been specified by Standley which serve as "markers" of the defined coaching support style as described in Chapters One and Two (1981:6-7). The number of times the events touch, equipment and X (which indicates he was present but no interaction was observed) are coded for the father in the observation session are totalled. This gives a score for each of these codes for each father. These father event scores are then transformed into Z scores because of possible differences in baseline frequencies among the three events). Then all coaches whose "touch" Z-score is greater than the "equipment" Z-score and "X"-score are placed in the Physical Interactive support style category. This method groups all the coaches who touch the mother more often than he observes the equipment or does not interact. The coaches whose "equipment" Z-score is greater than the "touch" and "X" Z-scores are placed in the Interactive through Instrumentation support style category. These coaches seem to be interacting with their wives primarily through the equipment of the labor room. Those coaches whose "X" Z-score exceeds the "touch" and "equipment" Z score comprise the third or Noninteractive Presence, support style category. These fathers are present with their wives but do not

ordinarily interact with them.

The couple's planned support style and the coach's observed support style were then compared for congruency.

### Postpartum Questionnaire/Interviews

The Mother's Postpartum Questionnaire/Interview (See Appendix K) and the Coach's Postpartum Questionnaire/Interview (See Appendix L) were designed to assess the satisfaction of the new mother and father with their labor and delivery experience, solicit other labor and delivery data, and assess the mother's and father's individual perceptions of the coach's support style used during labor. The Questionnaire/Interviews were divided into a written and verbal section. The couples answered the written portion and then returned the form to the investigator who completed the interview section.

The Mother's Postpartum Questionnaire/Interview included items soliciting labor and delivery information. Both the Mother's and Coach's Questionnaire/Interview forms asked the number of Prepared Childbirth classes attended by the individual. All these data were utilized to help determine which variables influenced the couple's satisfaction with the childbirth experience and the coach's support style.

Part II on the Questionnaire/Interview forms was in eight-point scale format and addressed the couple's overall satisfaction with the childbirth experience the couple's confidence in the labor coach, and their evaluation of his supportiveness in his role as labor coach.

Part III, conducted in interview format, solicited the couple's perceptions as to whether or not they felt they had any complications

occur with mother or baby during labor and delivery. This information could alter their satisfaction with and perception of the experience. The couple was asked to list the specific father events which occurred during labor which they felt were especially supportive. This information was then utilized to place the coach in one of Standley's three support style categories so the researcher could compare the couple's perceived support style with that observed.

The couples were also asked to specify any father events they would have liked for the coach to utilize during labor when rendering support which he did not do. This information was utilized to determine if any one support style was perceived as more supportive and led to more satisfaction with the childbirth experience than others.

The couple's planned prenatal coaching styles were compared to their postpartal perceptions of the coach's support style for congruency.

The interview approach was used so the investigator could obtain more comprehensive information than the respondent may have been inclined to complete on the questionnaire format.

## Chapter 4

### DATA ANALYSIS AND INTERPRETATION

#### Introduction

Nineteen couples who met the criteria for acceptance into the study sample signed consents for participation in the study. These couples completed the Mother's Antenatal Questionnaire or Coach's Antenatal Questionnaire during their last Prepared Childbirth class. The coach's support style planned by the couple was determined from the responses on the questionnaires. The researcher then made an observational visit to the hospital labor room during each mother's labor and determined the coach's support style using the Naturalistic Observation Method developed by Standley and Anderson. Each couple was visited in their postpartum hospital room, where the Mother's Postpartal Questionnaire/Interview and Coach's Postpartal Questionnaire/Interview were completed. The couple's perceptions of the coach's support style, and their satisfaction with the childbirth experience were determined after the completion of the interviews.

The data collected were then utilized to answer the four research questions:

- 1) Did the coach demonstrate the support style during labor that was previously planned?
- 2) Will the couple's postpartal perceptions of the coach's support style agree with their prenatal expectations?
- 3) Will the couple's postpartal perceptions of the coach's support style agree with the observed support style?
- 4) What is the relationship between the coach's support style demonstrated during labor and the degree of the couple's postpartal satisfaction?

Because of the small final sample size, and numerous subgroups, the researcher was only able to report means, medians and tendencies observed among the couples and cannot use other statistical tests.

#### Sample Attrition

Of the initial 19 couples who voluntarily participated in the study, nine were eliminated. Eight were eliminated due to obstetrical complications including fetal distress, emergency cesarean section, and cesarean section as a result of cephalopelvic disproportion. The ninth couple elected to discontinue participation in the study before the Postpartal Questionnaire/Interviews were conducted.

Although 10 couples were included in the final sample, the researcher was unable to conduct the Naturalistic Observation with two of these couples. One couple delivered the baby before the researcher could get to the hospital and the other couple forgot to call the researcher until the postpartal period.

#### Profile of Participants

Part I of the Mother's Antenatal Questionnaire and Coach's Antenatal Questionnaire solicited the demographic data of age, number of years of formal schooling, and number of pregnancies. The last item of Part III of the Mother's Postpartal Questionnaire/Interview solicited previous childbirth experiences.

Subjects ranged in age from 17 to 44 years with the median age for females of 23 years and median age of males of 27 years, and the composite median age of 25. The subjects had between eight and 18 years of formal education, with a median of 12 years for females and 13 years for males.



The group composite median was 12 years of formal education. Of the 10 women subjects, six were primiparous and four were multiparous; three of the four multiparous had a previous Prepared Childbirth experience. Of the 10 male subjects in the sample, two had a previous Prepared Childbirth experience while two had a previous Non-Prepared Childbirth experience. The discrepancy between males and females in previous Prepared Childbirth experiences occurred as several of these couples were in their second marriage and had had children previously.

#### Antenatal Determination of Expected Support Style for Labor

Each couple completed a Mother's Antenatal Questionnaire and a Coach's Antenatal Questionnaire during the last Prepared Childbirth class. On Part IV of the Mother's Antenatal Questionnaire, the women were asked to "Describe the things you think that your coach will do for you in your upcoming labor that will be supportive to you." The written responses were assigned by the researcher to one of the three categories of support styles delineated by Standley (1981) (physical interactive, interactive through instrumentation, or non-interactive presence) (See Appendix M). The coaches were asked on Part IV of the Coach's Antenatal Questionnaire to "Describe the things you think you will do in your role as upcoming labor coach that will be supportive to your wife." Their written responses were assigned similarly by the researcher to one of the three support styles.

Five of the couples agreed upon the expected support style and five did not. Nine of the subjects in the sample expected the coach to utilize the "physical interactive" support style, one male subject expected to utilize the "interactive through instrumentation" support style, and 10 of the subjects expected the coach to utilize the "noninteractive presence" support style.

The couples whose coach was placed in the "physical interactive support style category reported two hours a day spent in practice time as opposed to half an hour a day reported by the couples whose coach was placed in the "noninteractive presence" support style category. This could be related to the degree of motivation for attending Prepared Childbirth classes. Further study needs to be conducted in this area.

#### Determination of Observed Support Style

Coaches were observed by the researcher during a one hour visit made to the hospital labor room. The Naturalistic Observation Form (Standley and Anderson, 1977) was utilized to record frequencies of coaching behaviors. After completing the instrument, the coach's support style was identified on the basis of the observed coaching events. The researcher listed the frequency the events TOUCH, EQUIPMENT and X(meaning non-interactive presence) were coded for the father during the observation session. From these frequencies, the sample mean and standard deviation were determined. A Z score was determined for each of these three categories for each coach (using the formula:  $X$  minus the mean divided by the standard deviation). The category with the highest Z score was the category of support style to which the coach was assigned. The category TOUCH corresponds with the "physical interactive" style, the category EQUIPMENT corresponds with the "interactive through instrumentation" style (See Appendix L).

Three of the coaches were assigned to the "physical interactive" style category; three were assigned to the "interactive through instrumentation" style category; and two of the coaches were assigned to the "noninteractive presence" style category. Two couples were unobserved.

Of the eight couples observed three couples had agreed on the planned coaching style antepartally. However, with only one of these couples did

the researcher observe the same style as the couple had expected. When comparing the coach's style planned with the style observed, four of the eight coaches demonstrated the same style as planned. Comparing the wife's style planned with the style observed, only one couple had agreement. The wife's preferred style did not influence the observed style.

When considering the first research question, "did the coach demonstrate the support style during labor that was previously planned?", if we look at the wife's expectations or the couples' collective expectations, the answer is no. Only one couple had both accurately predicted the coach's support style. We can say, however, that four out of eight coaches demonstrated the support style during labor that they had previously planned.

#### Postpartal Perceptions

Each couple completed a Mother's Postpartal Questionnaire/Interview and a Coach's Postpartal Questionnaire/Interview during their first three days postpartum. The interviews were conducted in the mothers' hospital rooms by the researcher after the couples completed their respective questionnaires.

Part I of the Mother's Questionnaire and the interview elicited data about the labor, delivery of the baby, and the baby's condition. The length of labor among women in the sample ranged from 1.5 hours to 22 hours. The group mean was 12.11 hours in labor. Three of the 10 women received epidural anesthesia during labor and delivery. Four of the women received local infiltration anesthesia for delivery and two received pudendal block anesthesia. One woman received no anesthesia. During the interview, the researcher asked both the mother and the coach, "Did you feel there were any problems or complications during labor and

delivery? If yes, what were they?" Each couple questioned reported at least one thing that occurred which they considered a problem/complication.

All of the newborn infants were healthy and had no complications. This was the first question asked of the mothers during the interview in order to be certain that their perceptions of the labor and delivery experience were not influenced by complications their newborn was experiencing.

During the Postpartal Interview, the mother was asked, "What kind of things did your coach do during your labor and delivery that you feel were especially supportive?" The events answered by the mother were used to categorize the coach's support style in one of Standley's three categories. This represented the mother's perception of the coach's support style during labor. The coach was asked also, "What kinds of things did you do for your wife during labor that you feel were especially supportive?" The events given by the coach were used to categorize the coach's support style in one of Standley's three categories. This represented the coach's perception of his support style during labor.

Upon consideration of the second research question, "Will the couple's postpartal perceptions of the coach's support style agree with their prenatal expectations," six of the 10 couples' perceptions about the coaching style demonstrated agreed. When comparing antepartal expectations to postpartal perceptions, three of the 10 couples had both partners in agreement. Of the remaining seven couples, three of the coaches had congruent antepartal expectations and postpartal perceptions, and three of the mothers had congruency. Neither mother nor coach of couple number three were congruent between antepartal expectations and postpartal perceptions. Therefore, in a sample of 20, 12 subjects had agreement of antepartal expectations and postpartal perceptions of coaching styles. Six of 10 subjects were women

and six out of 10 subjects were men.

The third research question asks, "Will the couple's postpartal perceptions of the coach's support style agree with the observed support style?" Only two couples had both partners in agreement postpartally with the style observed by the researcher. Two other couples had one partner in agreement with the style observed with the researcher. Therefore, only six subjects out of 16 agreed postpartally with the style observed by the researcher.

#### Relationship Between Support Style and Satisfaction

Part II of the Mother's and Coach's Postpartum Questionnaire/Interview consisted of three questions with responses structured on an eight point scale. These three questions addressed the evaluation of overall satisfaction with labor and childbirth, how confident the couple felt about the labor coach during labor and delivery, and how supportive the couple believed that the coach was during labor and delivery.

In considering the women's overall satisfaction with labor, because all of the responses were higher than four, a response of four, five or six was considered low satisfaction. Four of the 10 women had low satisfaction scores, however all of these subjects rated the coach's supportiveness as eight. They also rated their confidence in their coaches as seven or eight. Only one of these women's husbands had a low satisfaction score (couple eight). This coach also had rated himself low on supportiveness and confidence. His wife, however rated him eight in both areas.

When searching for common variables these four couples (one, five, six and eight) shared, two major variables appeared in three of the four couples self-reported complications and category of support style observed. Couples one, five and six reported three complications during labor and

delivery. Six other couples reported only one complication, and one couple reported two complications. The general theme appeared to be that all four women had "back labor" or posterior presentation of the baby, with failure of labor to progress as quickly as they felt it should have progressed. However, three other couples also reported this theme as a complication and the wives' satisfaction ratings were all scores of eight. One must, therefore, examine the second variable category of support style observed. The coaches of couples one, five and six were all classified in the support style category of "interactive through instrumentation" after observation by the researcher during labor. No other coaches in the sample were observed to be in this category. Therefore, when considering the last research question, "What is the relationship between the coach's support style demonstrated during labor and the degree of the couple's postpartal satisfaction?", it can be said that when the coaches in this sample were observed to have used the "interactive through instrumentation" support style during labor, their wives reported a low satisfaction rating postpartally.

The researcher also examined other variables with the four couples whose wives gave low satisfaction ratings. Two of the women were primiparous and two were multiparous. Parity does not appear to be a reason for the low scores.

Couple number eight whose coach demonstrated the "physical interactive" support style during labor, stated dissatisfaction with their physician. The husband stated during the postpartum interview that "I felt that the doctor should have been more available during labor. If the doctor must be absent then a doctor should be assigned to the labor area in his absence." His wife stated, "I felt that the time it took to

deliver was unnecessary as I was fully dilated at 12 noon, and the doctor waited too long for the baby to turn by himself." These statements appear to play a role in the couple having given low ratings of satisfaction for their childbirth experience.

Only one subject of the sample of 20 gave a response to the question, "Is there anything that you (your coach) did NOT do for your wife (you) during labor and delivery that you really wish you (he) would have?" The coach of couple number five responded, "more backrubs help her to relax more," indicating the desire to have utilized the "physical interactive" support style instead of "interactive through instrumentation." None of the wives indicated any desire for additional supportive activities other than what they had received during labor from their coaches.

Summary data for each couple are presented in Appendix M.

## Chapter 5

### Summary of Results, Conclusions, and Recommendations

#### Summary of Results

This study explored the congruency between the Prepared Childbirth couple's planned coaching support style for labor, observed coaching support style during labor, and their postpartal perceptions of the coaching support style utilized. It also explored the relationship of the coach's support style used during labor and the degree of the couple's postpartal satisfaction with the childbirth experience.

The median age of the sample (N=20) was 25. The average age cited in the literature for Prepared Childbirth couples is 26 - 28 years old (Whitley, 1979; Hughey, et al., 1978). The sample in this study was younger than the norm for Prepared Childbirth couples. Whitley and Hughey both found that the majority of Prepared Childbirth couples were college graduates or higher. The median education level in this sample was 12 years, or high school graduate.

The researcher believed there are several reasons for the sample being younger and less educated. The physicians in the area tell their patients that if they want their husband to be present for labor they should take Prepared Childbirth classes. Also, there are no other prenatal classes offered to expectant parents in the area. Couples who otherwise may select conventional prenatal classes have no choice but to take the Prepared Childbirth course. This may account for both the younger age and lower educational level of the sample. In addition, only 60 percent of the residents in the county where the sample was selected are high school graduates, and only 10 percent are college graduates (Orlando Sentinel Star, 1982).



Sixty percent of the women in the sample were primiparous. Hughey, et al., found that 57 percent of Prepared Childbirth women were primiparous (1978). This sample was representative of the population for parity. The average length of labor for the women in the sample was 12.11 hours. The average length of labor for the subjects in the study by Hughey, et al., (N = 500) was 7.6 hours. The prolonged time in labor for the women in this sample could be related to the high incidence of posterior presentation. The majority of subjects received local or pudendal anesthesia for delivery, which is similar to the findings of Hughey, et al., (1978) and representative of the population of Prepared Childbirth women.

The couples were given Antenatal Questionnaires to complete during the last Prepared Childbirth class. At this time their expected coach's support style was determined. Five of the 10 couples agreed upon the same coaching style expected for labor. There was no difference in satisfaction on supportiveness ratings postpartally between those couples whose expectations agreed and those whose did not.

A Naturalistic Observation visit was made to each couple in the hospital labor room, and the coaches were assigned to one of Standley's (1981) three support style categories by the researcher. Only five of the 16 subjects accurately predicted their coaching style observed during labor.

The subjects completed a Postpartum Questionnaire/Interview during the first three days postpartum. From the data gathered, the coaches were assigned to one of the three support styles according to the individual's perception of the coach's support style utilized during labor. Only six of 16 subjects' postpartal perceptions of the coaching style agreed with the observer. This had no apparent effect on the couple's postpartal satisfaction.

Twelve of 20 subjects had congruent antepartal expectations and postpartal perceptions, even though the coach may have demonstrated a different support style than planned. This could be due to selective perception.

The wives of coaches who were observed using the "interactive through instrumentation" support style during labor, had lower ratings of satisfaction with the childbirth experience. These wives did not rate their husbands any lower in supportiveness than the rest of the sample, nor did they report any less confidence in their coaches postpartally. The wives of coaches who utilized the "interactive through instrumentation" also had more self-reported complications during labor, as reported during the Postpartum Interview, however, their mean time in labor was less than the sample mean.

Based on the results of this study, it is suggested that nurses and health care professionals consider the negative effect of focusing on instrumentation, equipment, and procedures when working with the parturient couple. The couple should be taught the specific behaviors included in the physical interactive (touching and use of comfort measures) or noninteractive presence (quiet supportive presence) support style categories in order to promote optimal emotional and psychological adjustment by the family to the puerperium.

### Conclusions

Based on the findings of the study, the majority of the subjects were not able to predict the support style that the individual coach would demonstrate during his wife's labor. This had little effect on postpartal satisfaction.

The majority of the individual subjects' prenatal expectations and postpartal perceptions were congruent for coaching style, even if the coach demonstrated a different style as determined by the observer. This corresponds with the third finding that the subjects' postpartal perceptions of the coach's support style did not agree with the style observed by the researcher during the wife's labor.

Every woman whose coach had utilized the support style, "interactive through instrumentation," gave low ratings postpartally of satisfaction with the childbirth experience. These women, however, all gave their husbands high ratings of supportiveness and confidence. The women in this subgroup listed more self-reported complications occurring in labor, with all four experiencing posterior presentation. The main theme being the couples felt the wife made very slow progress with prolonged descent of the baby. However, the mean time in labor for this subgroup was less than the total sample mean.

The reason for the discrepancy between the wife's low satisfaction with the childbirth experience and her high rating of confidence and supportiveness of the coach was questioned. The researcher believed several factors were involved. Freedman, et al., (1952) studied ability of women to recall the events of labor accurately. They found that women tended to forget anxiety-laden or conflict situations in which opportunity for adaptive behavior was lacking. Constriction of awareness occurred and women, as a result, remembered objective events much more frequently than those with a high subjective-affective component. The mother tended to rate herself as having suffered somewhat less anxiety and discomfort and as having offered more cooperation than the staff had observed. Anxiety thus may serve as the energizing or reinforcing agent for such defense

mechanisms as repression and other forms of memory distortion (Freedman, et al., 1952:450-451). The women were quick to remember the things they liked about what their coaches did for them; none of the subjects listed things they disliked. This would result in the very high ratings of confidence and supportiveness they gave their coaches. In addition, dissatisfaction with their coach would not be emotionally acceptable to express and was expressed as dissatisfaction with the childbirth experience. A woman's perception of the childbirth experience is radically affected by those who are with her at the time (Colman and Colman, 1971: 66,79; Moos and Tsu, 1977).

Klein, et al., studied support behaviors directed to the woman during childbirth by her coach among 40 primiparous women. They found a lack of association for the fathers between their support style and the mothers' perceptions of their helpfulness. They suggest the work of Bowlby (1969) as an explanation. The mere presence of an attachment figure substantially reduces anxiety, provided the relationship with the attachment figure is a secure one. Klein, et al., as well as Moore (1983), and Standley and Nicholson (1980), hypothesized that the mothers' reports of their husbands' helpfulness are a function of the husband-wife relationship.

Twelve of 20 subjects in this study were congruent with the expected coach's support style and the perceived style postpartally, suggesting the halo effect. When a person rates others on several traits, he usually rates them in terms of an overall impression of goodness or badness. Maternal perception of paternal support is influenced by her overall feelings about her husband, the way he has supported her in the past, and her level of anxiety. She perceives more readily that which is consistent with her pre-existing attitudes about her husband. The meaning

of his behaviors during labor is interpreted according to her preconceptions. If she has expected him to utilize a certain support style she will selectively perceive only those behaviors which are appropriate to that category (i.e. if a husband utilizes a non-interactive presence approach throughout a 10 hour labor, but gets up one time, comes over to the bedside and gives his wife a backrub, she will list the backrub as evidence that he is employing the physical interactive support style). The halo effect can also explain why every woman rated her husband extremely high in supportiveness and confidence postpartally. She will see him as either all good or all bad. Her ego system would not allow her to rate him as all bad, therefore, the very high ratings are given.

Based upon these conclusions, the Naturalistic Observation Method is suggested as a more accurate method of determining coaches support styles during labor.

#### Implications for Nursing

Based on the results of this study, it is suggested that:

- 1) Women whose husbands are present in the labor room rate the husbands as being highly supportive. This is due to the pre-existing emotional relationships. Nursing should make provisions for and promote the presence of the husband in the hospital labor room.
- 2) Nurses and health care workers should consider the possibility that focusing on instrumentation, equipment, and procedures when working with the parturient couple can result in lowered satisfaction. The couple should be taught the specific behaviors included in the physical interactive and noninteractive

presence support style categories. This intervention helps to contribute to the psychological and physical health of the father, mother and infant.

- 3) The coaching support style "interactive through instrumentation" should not be emphasized in Prepared Childbirth classes. Childbirth educators should emphasize the physical interactive or noninteractive presence support styles by teaching coaches the behaviors defined for these two categories. Campbell (1980) recommended that coaches receive structured training sessions during prenatal classes. She found that structured training taught some specific, useful behaviors to coaches and heightened their abilities to respond to their wives. The structured training also heightened the general feeling of satisfaction the couples expressed with the Prepared Childbirth Method. Structured training has also been recommended by Wonnell (1971) and Sasmor (1979).

#### Recommendations

As a result of observations and experiences of the investigator during this study, the following recommendations for future research were made:

- 1) Replicate this study with a larger sample size and more trained observers so results could be generalized to the population.
- 2) Develop a study to investigate motivation and the support style selected.
- 3) Develop a study in which Prepared Childbirth Educators teach the behaviors of the three support styles in a structured training

session and compare the class satisfaction with a control group where they are not taught.

- 4) Develop studies to investigate the effect marital satisfaction has upon childbirth and postpartal satisfaction.

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## APPENDICES



APPENDIX A

## Appendix A

September 30, 1982

Ms. Geraldine Francis, R.N.  
Director of Nursing  
Community Hospital  
Kissimmee, Florida 32741

Dear Ms. Francis:


As you know, I am ready to begin the data collection for my master's thesis in maternal-infant nursing. My title is: "A Study of Coaches' Support Styles During Labor and Comparison With Prenatal Expectations and Postpartal Perceptions and Satisfaction of Couples."

I request permission to conduct my study at Community Hospital and to utilize the Prepared Childbirth course couples as my study subjects.

The study consists of three parts: Part One is a Mother's/Coach's Antenatal Questionnaire administered at the couples' last Prepared Childbirth class. Part Two is a one hour observational visit to the couple in the hospital labor room, during which the Naturalistic Observation Form is completed by the researcher. Part Three is a Mother's/Coach's Postpartum Questionnaire/Interview which may be conducted on the postpartum unit or at home.

Enclosed you will find copies of each along with a consent form to be utilized. Please send me a written reply as soon as possible, as I need to begin Part One at the October 7, 1982 class. Thank you very much for your consideration of this request.

Sincerely,

  
Shelley F. Conroy, R.N.  
Graduate Nursing Student  
Medical College of Virginia  
Virginia Commonwealth University

APPENDIX B

Humana  
Humana Hospital  
West Oak Street  
Kissimmee, Florida  
32741  
813/846-2266

Appendix B

**Community  
Hospital**

December 4, 1982

Shelly Conroy, R.N.  
1625 Les Court  
Kissimmee, Florida 32741

Dear Shelly:

This letter is being sent to confirm our approval of your study to be done at this hospital on support systems during labor and delivery.

This is conditional upon the approval of all physicians practicing OB/GYN here at Community Hospital.

I hope this study is successful in obtaining the information that you hope to obtain for your thesis, should you need any further information or assistance please let me know.

Sincerely,



G. Francis, R.N.  
Assistant Executive  
Director - Nursing.

GF/tdp

## APPENDIX C

## Appendix C

October 7, 1982

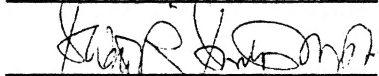
We, the physicians of the couples to be utilized in the research study, give our consent for Shelley Conroy to collect the data for her Masters Thesis with couples at Community Hospital. The data collection includes the following:

1. Couples Antepartum Questionnaire - completed at the last Prepared Childbirth Class.
2. A one hour observational visit to the couple in the labor room during which the Naturalistic Observation Tool is completed.
3. Couple's Postpartum Questionnaire/Interview - completed during the first week postpartum, either in the hospital room or at home.

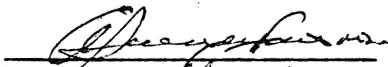
This consent is conditional to the couples in the study signing an informed consent with the agreement that the couples may withdraw from the study at any time they so desire.



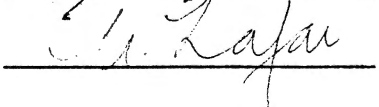
Dr. C. Nicdao



Dr. S. Santos



Dr. D. Sanchez



Dr. M. Zafer

APPENDIX D



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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National Institutes of Health  
Bethesda, Maryland 20205

July 30, 1982

Ms. Shelley F. Conroy  
1625 Les Court  
Kissimmee, Florida 32741

Dear Ms. Conroy:

Dr. Ahmed has called me about your interest in our research. I'm enclosing a number of items that I hope will be helpful to you.

If you have any questions or need more information, let me know. If you want to call, the number is 301-496-6832.

Sincerely yours,



Nancy Fohrell Gist  
Research Psychologist  
Child and Family Research Branch  
National Institute of Child Health  
and Human Development

Enclosures



APPENDIX E

## Appendix E

WRITTEN INFORMED CONSENT

We understand that we, along with other Prepared Childbirth couples, have been asked by Shelley F. Conroy, a graduate student at Medical College of Virginia/Virginia Commonwealth University School of Nursing in Richmond, Virginia, to participate in a study consisting of three parts:

Part I - Mother's/Coach's Antenatal Questionnaire, to be completed during the last Lamaze class.

Part II - An observational visit from the researcher during our time in labor, lasting for one hour.

Part III - Mother's/Coach's Postpartum Questionnaire/Interview to be completed within the first week after delivery.

We understand that our identities and the information we provide will remain anonymous.

We further understand that we may withdraw from the study at any time.

Mother's Signature \_\_\_\_\_

Coach's Signature \_\_\_\_\_

Date \_\_\_\_\_

APPENDIX F

## Appendix F

STUDY PARTICIPANTS' REMINDER TO CONTACT THE INVESTIGATOR SHEET

Prepared Childbirth Couples:

Please call me when you are in labor and are preparing to leave for the hospital, so that I may arrange to come and complete the second part of the study.

My home phone number is: 847-6969. If you can not get an answer, please call and leave a message for me at Valencia Community College School of Nursing: Kissimmee Line: 847-5011 Ext. 565.

Thank you for your continued assistance.

Shelley Conroy, R.N.  
Graduate Nursing Student

APPENDIX G

## Appendix G

## MOTHER'S ANTENATAL QUESTIONNAIRE

PART I:

Name:

Age:

What number baby is this for you?

Doctor:

Address:

Phone Number:

Occupation:

Please check the highest level of education completed:

Elementary School	_____
Jr. High School	_____
Some High School	_____
High School Diploma	_____
Some College	_____
College Degree	_____
Graduate Work	_____
Master's Degree or higher	_____

PART II:

1. Why did you decide to take Prepared Childbirth classes?
2. What is the total amount of time that you and your labor coach spent practicing the labor techniques/exercise TOGETHER during the last week? \_\_\_\_\_ hours \_\_\_\_\_ minutes
3. What is the total amount of time that you spent practising the labor techniques/exercise ALONE during the last week? \_\_\_\_\_ hours \_\_\_\_\_ minutes

## MOTHER'S ANTENATAL QUESTIONNAIRE - Page 2

PART III:

In the following two questions, circle the number on the scale that most closely represents your answer to the question. The closer you place your circle towards one end or the other, the more you think that phrase described your answer.

1. How willing was your labor coach to take Prepared Childbirth classes?  
not too willing 1 2 3 4 5 6 7 8 very willing

2. How confident do you feel in your coach as your upcoming labor coach?  
not too confident 1 2 3 4 5 6 7 8 very confident

PART IV:

Describe the things you think that your coach will do for you in your upcoming labor that will be supportive to you.

APPENDIX H



## Appendix H

COACH'S ANTENATAL QUESTIONNAIREPART I:

Name:

Age:

Address:

Phone Number:

Occupation:

Please check the highest level of education completed:

Elementary School \_\_\_\_\_

Jr. High School \_\_\_\_\_

Some High School \_\_\_\_\_

High School Diploma \_\_\_\_\_

Some College \_\_\_\_\_

College Degree \_\_\_\_\_

Graduate Work \_\_\_\_\_

Master's Degree or higher \_\_\_\_\_

Part II:

1. Why did you decide to take Prepared Childbirth classes?

2. What is the total amount of time that you and your wife/partner spent practicing the labor techniques/exercise TOGETHER during the last week?

\_\_\_\_\_ hours      \_\_\_\_\_ minutes

PART III:

In the following two questions, circle the number on the scale that most

## COACH'S ANTENATAL QUESTIONNAIRE - Page 2

closely represents your answer to the question. The closer you place your circle towards one end or the other, the more you think that phrase describes your answer.

1. How willing were you to take Prepared Childbirth classes?

not too willing 1 2 3 4 5 6 7 8 very willing

2. How confident do you feel in yourself as an upcoming labor coach?

not too confident 1 2 3 4 5 6 7 8 very confident

PART IV:

Describe the things you think you will do in your role as upcoming labor coach that will be supportive for your wife/partner.

APPENDIX I



APPENDIX J

## Appendix J

NATURALISTIC OBSERVATION FORM - PART II  
 Standley's Support Style Classifications

PART I:

List the frequency the events TOUCH, EQUIPMENT, and X are coded for the father during the observation session.

TOUCHEQUIPMENTXPART II:

Z Score for each father event:

TOUCHEQUIPMENTXPart III:

The event with the highest Z Score is the category of support style to which the coach is designated.

PHYSICAL INTERACTIVE \_\_\_\_\_

INTERACTIVE THROUGH INSTRUMENTATION \_\_\_\_\_

NONINTERACTIVE PRESENCE \_\_\_\_\_

APPENDIX K

## Appendix K

MOTHER'S POSTPARTUM QUESTIONNAIRE/INTERVIEWPART I:

Name:

Date of delivery:

Time of delivery:

Total time in labor: \_\_\_\_\_ hours \_\_\_\_\_ minutes

Type of delivery:

Anesthesia used:

\_\_\_\_\_ Vaginal

\_\_\_\_\_ None

\_\_\_\_\_ Cesarean Section

\_\_\_\_\_ Local infiltration

\_\_\_\_\_ Pudendal block

\_\_\_\_\_ Paracervical block

\_\_\_\_\_ Epidural/spinal/caudal

\_\_\_\_\_ General

Sex of Baby \_\_\_\_\_

Weight of Baby \_\_\_\_\_

Circle each class below which you DID ATTEND: (PREPARED CHILDBIRTH)

Class 1    Class 2    Class 3    Class 4    Class 5

PART II:

In the following three questions, circle the number on the scale that most closely represents your answer to the question. The closer you place your circle towards one end or the other, the more you think that phrase describes your answer.

1. How would you describe your OVERALL SATISFACTION with your labor and childbirth experience?

not too satisfied    1    2    3    4    5    6    7    8    very satisfied

2. How confident did you feel in your coach during labor and delivery?

not too confident    1    2    3    4    5    6    7    8    very confident



## MOTHER'S POSTPARTUM QUESTIONNAIRE/INTERVIEW - Page 2

3. How supportive was your coach during labor and delivery?

not too supportive 1 2 3 4 5 6 7 8 very supportive

Return this questionnaire to Shelley who will complete the remainder in interview format.

PART III:

1. How is the baby doing?

2. Did you feel like you had any problems or complications during labor and delivery? If yes, what were they?

3. What kind of things did your coach do during your labor and delivery that you feel were especially supportive?

4. Is there anything your coach did not do for you during your labor and delivery that you really wish he would have?

5. Previous labor or Prepared Childbirth experience:

APPENDIX L

## Appendix L

COACH'S POSTPARTUM QUESTIONNAIRE/INTERVIEWPART I:

Name:

Date:

Circle each Lamaze class below which you DID attend:

Class 1      Class 2      Class 3      Class 4      Class 5

PART II:

In the following three questions, circle the number on the scale that most closely represents your answer to the question. The closer you place your circle towards one end or the other, the more you think that phrase describes your answer.

1. How would you describe your OVERALL SATISFACTION with your labor and childbirth experience?

not too satisfied 1 2 3 4 5 6 7 8 very satisfied

2. How confident did you feel as a labor coach during labor and delivery?

not too confident 1 2 3 4 5 6 7 8 very confident

3. How supportive of your wife/partner were you during labor and delivery?

not too supportive 1 2 3 4 5 6 7 8 very supportive

Return this questionnaire to Shelley who will complete the remainder in interview format.

COACH'S POSTPARTUM QUESTIONNAIRE/INTERVIEW - Page 2

PART III:

1. Did you feel there were any problems or complications during labor and delivery? If yes, what were they?
  
  
  
  
  
  
  
  
  
  
2. What kinds of things did you do for your wife/partner during labor and delivery that you feel were especially supportive?
  
  
  
  
  
  
  
  
  
  
3. Is there anything that you did NOT do for your wife/partner during labor and delivery that you really wish you would have?
  
  
  
  
  
  
  
  
  
  
4. Previous labor or Prepared Childbirth experience:

APPENDIX M

APPENDIX M  
Design Summary Table \*\*

Couple No.	Antepartum		Labor				Post Partum						
	Husband Planned	Wife Expected	Coach's Style Observed	Length of Labor (hrs)	Self Reported Complications	Supportiveness Husband	Supportiveness Wife	Confidence Husband	Confidence Wife	Satisfaction Husband	Satisfaction Wife	Perception of Style Husband	Perception of Style Wife
1	2	1	2	6.18	1a, 6, 8	7	8	8	8	7	5	1	1
2	3	1	3	22	8	6	7	5	8	7	8	3	3
3	3	3	3	18	2	8	8	6	8	8	8	1	1
4	3	3	1	16.4	3,4	5	8	5	8	8	8	2	3
5	1	3	2	12.9	2,3,7	7	8	7	7	8	5	1	3
6	3	1	2	14	3,6,8*	8	8	8	8	6	4	2	1
7	3	3	1	9.1	5	8	8	7	8	8	3	3	1
8	1	3	1	4.5	3,6*	5	8	4	8	7	6	1	1
9	1	1	0	13.5	3	6	8	5	8	7	8	1	1
10	1	1	0	1.5	7*	8	8	7	8	5	7	1	1

\* Pt. received epidural anesthesia during labor

\*\* See Key on following page to interpret numbers

## KEY

Design Summary TableCoach's Support Style

- 0 = unobserved
- 1 = physical interactive
- 2 = interactive through instrumentation
- 3 = noninteractive presence

Self-Reported Complications

- 1 = problem with baby
- 1<sup>a</sup> = cord was wrapped twice around baby's neck
- 2 = failure to progress (very slow progress)
- 3 = back labor (posterior position)
- 4 = cephalopelvic disproportion
- 5 = meconium-stained amniotic fluid
- 6 = prolonged second stage
- 7 = intolerable pain
- 8 = other (see Appendix N)

Postpartal ratings

8 point likert scale, with 1 being least favorable and 8 being most favorable

APPENDIX N



## APPENDIX N

"Other" category responses  
List of Complications Reported by Couples

1. Because of tendency to get ligament cramps or spasms while lying on back, I was hesitant to get on my back and push when it was time, but it was better when I did. (Couple #1)
2. Baby seemed to stall at a certain point and the doctor eventually had to do some cutting to free things up. (Couple #1)
3. They couldn't get my I.V. started. (Couple #2)
4. I felt that the doctor should have been more available during labor. If the doctor must be absent then a doctor should be assigned to the labor area in his absence. (Couple #6)

APPENDIX O

## Appendix O

June 20, 1983

Dear Ms. Conroy:

I am pleased that the questionnaire and thesis information I collected can be of assistance to you. I willingly give you my permission to modify the questionnaire that I developed and to utilize them in your thesis/data collection.

Best wishes to you in your studies.

With warm regards,

*Anne*  
Anne J. Campbell, RN, MS, COGNP

## VITA

Shelley Flippen Conroy was born September 18, 1955 in Richmond, Virginia and is an American citizen. She graduated from Nurnberg American High School in Nurnberg, Germany in 1973. She attended Westhampton College for two years and received her Bachelor's of Science in Nursing from the Medical College of Virginia/Virginia Commonwealth University in 1977. At the Medical College of Virginia, Shelley was a member of Sigma Zeta, a national science honor society, and was a charter member of the Gamma Omega Chapter of Sigma Theta Tau National Nursing Honor Society.

Her professional experience includes two years of Emergency Room and Postpartum nursing, one year of Labor and Delivery nursing, one year as an Inservice Educator, and two years as a professor of nursing. Shelley has been a Childbirth Educator for five years.

Shelley will complete her Master of Science in Maternal Infant Nursing in August, 1983 with a Minor in Education.

She is married, has one daughter, and resides in Central Florida.