Dear Editor,

Thirty years ago, my first wife gave birth to our son in a North of England hospital, an episode in our family life that I was excluded from in line with the practice and custom of the times. I can clearly remember the matron’s instructions to my seven year old step-daughter and myself that we were to go into town for something to eat and not to return until six o’clock when all would be well.

Last year, my second wife became pregnant with twins and the antenatal care in the community seemed similar to what I had experienced previously – attentive and helpful midwives, health visitors and quality GP back-up. The hospital consultant had a very welcoming approach and asked me how I was coping with the pregnancy. She was, however, the only member of hospital staff, apart from the theatre anaesthetist, who showed any interest in me, asked my name or asked about my feelings around the birth and paternity leave.

The first hospital-based encounter made me feel in the way, a nuisance rather than a partner in the pregnancy. The radiographer did not introduce herself and did not even make eye contact with me when I asked to move some paperwork. The theatre anaesthetist, who showed any interest in me, asked my name or asked about my feelings around the birth and paternity leave. The urban man takes his role as an equal parent very seriously and there has been a dramatic shift in his involvement over the last decade. He is no longer indifferent; he is aware of every development with the pregnancy; he wants to be and is a part of every decision made.

This is a refreshing change because for the woman, the best support can come to her soul mate. Since pregnancy and birth involve both partners, for the woman to get support from the person who has equal importance in this equation holds immense value.

SONALI SHIVLANI
Child Birth, Prenatal Bonding, Lactation and Child Nutrition Counsellor; Executive Director - CAPPA India

Dear Editor,

Readers may be interested in the changing concept of fatherhood and the role of fathers in India, one of the major emerging economies of the world. The role of fathers in pregnancy and birth in India has until recently been more or less limited to the act of providing the sperm. Traditionally this has been a women’s zone and men have stayed away. Whether it was visiting the obstetrician, accompanying their wife for scans, or attending the birth, men have stayed away. In some ways, this is still the same in smaller towns and villages but the scenario has changed dramatically in urban India. With the advent of nuclear families, women becoming educated and hence independent, we see more and more fathers involved with the pregnancy and being a part of the birth. In fact, they are now taking pride in this new role and it is no longer looked down upon.

Fathers now routinely visit obstetricians along with their wife for the prenatal check-ups, attend the ultrasound scans with anticipation, get excited with the baby’s first kicks, look up articles on the internet related to pregnancy and birth, read books on the subject, actively participate in prenatal classes, shop for the baby and are very much a part of the birthing process.

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This is a refreshing change because for the woman, the best support can come from her soul mate. Since pregnancy and birth involve both partners, for the woman to get support from the person who has equal importance in this equation holds immense value.

PETE UNWIN
Senior Lecturer, University of Worcester

Dear Editor,

As an English antenatal teacher working in Brussels, I would like to bring to your attention the particular needs of expatriate fathers. These fathers have the same concerns and feelings as fathers anywhere – but their concerns are magnified in an unfamiliar environment where systems and services are unknown and culture, language and practices differ from those in their home countries.

In Belgium, France and Luxembourg, maternity care is primarily obstetric led. Switzerland offers choice of hospital, birth house or home birth and the option of midwife-led care. Expatriate fathers in The Netherlands may be surprised to find that home birth is considered safe and normal when in their home country, it is not. English parents assume that gas and air (entonox) will be available in Belgium, but, in fact, epidural is the only form of pharmacological pain relief. Fathers from Scandinavian countries are often surprised to discover that paternity leave and benefits do not match their expectations and can be disappointed with their entitlement whereas others are delighted to find they have more leave than they would have had at home. The Netherlands ‘Kraamzoorg’ system provides care for mother, baby and the family in the first weeks at home. In Belgium, France and Luxembourg, however, postnatal care at home is not automatic so fathers often feel the need to know more about how and where to access support, especially if their own family is not close by to help. Expatriate fathers focus on information specific to the country where their baby will be born and only start to think about the actual birth and early parenthood when these practical questions are addressed. Like fathers everywhere, they seek reassurance that their partner and baby will be well cared for and want to know how best to support her and care for their baby. Meeting other expatriate fathers, from all over the world offers them a unique peer support group.

KAY CRAM
Childbirth and Parent Educator, Brussels Childbirth Trust