

Anesthesiology
59:152, 1983

Fathers in the Delivery Rooms—Survey Results of Anesthesia Departments

To the Editor:—I recently conducted a mail survey to determine the national trend in reference to departments of anesthesiology permitting fathers to be present in the delivery rooms during delivery.

The survey was motivated by the pressures from our obstetric staff to allow fathers in the delivery suite. The reasons they gave to back up their request seemed to border on faddism and medical huckstering, as exemplified by the much-used term "bonding."

A review of the literature demonstrated that the publication of LeBoyer's book,¹ "Birth Without Violence," in 1975 was the spark that ignited this movement. The decade of the 1970s was the time when women were seeking greater influence in decisions that affected their well-being (fertility, abortion, pregnancy, and childbirth). Although LeBoyer's claims are unsubstantiated (except by his own clinical impressions), the climate was right to allow the nonprofessional to make professional decisions. "A randomized clinical trial of LeBoyer's approach to childbirth"² conducted at McMaster University also failed to support LeBoyer's claim. It was with this background that my survey was initiated.

DATA

Eighty-seven teaching departments of anesthesiology in 40 states were surveyed. Ninety per cent of the survey forms were returned. (Two departments of anesthesiology had no obstetric departments in their hospitals).

SURVEY RESULTS

	Yes	No
1. Are fathers allowed in the delivery room during		
A. Vaginal delivery	97%	3%
B. Cesarean sections	86%	14%
2. Do you have staff who do exclusive obstetric anesthesia?	62%	38%
3. Do anesthesia residents rotate on an exclusive obstetric anesthesia rotation?	82%	18%
4. Are members of the obstetric staff (residents or attending) permitted to give spinal and/or epidural anesthesia?	27%	73%
5. If fathers are permitted in the delivery rooms		
a. Are they allowed in from the start of anesthesia?	62%	38%
b. Do you have any special orientation for the father?	50%	50%

c. Is a special permit required of the father?	22%	78%
d. Have you had any special problems by virtue of the father's presence?	22%	78%

The results indicate that an overwhelming percentage of the anesthesia teaching departments surveyed allow fathers in the delivery suite, both for vaginal and section deliveries. Although the question was not asked, most noted that these conditions pertain where regional anesthesia is administered. A few departments permitted fathers in the room when general anesthesia was being used.

The following are some of the written comments on the survey form.

1. The most frequent problem noted was fathers fainting.
2. "Only problem is when husband and father both want to be in the delivery room."
3. "We have no OB service, Thank God!"
4. "My staff doesn't like this, but have mellowed with time."
5. One staff allows fathers in at their private hospital but not at the city hospital they service.
6. "Anesthesia and obstetrics are not secret societies."

In summary, most teaching anesthesia departments permit fathers in the delivery room when regional anesthesia is used and after the block has been performed, and if no maternal or fetal problems are anticipated. There is no documented evidence of long-term beneficial effects from this practice. With the recent high divorce rate, it should be relatively easy and pertinent to find out "if families who birth together stay together."

HERMAN L. ALLEN, M.D.
*Associate Professor of Anesthesia
Department of Anesthesiology
Northeastern Ohio Universities
College of Medicine
and The Youngstown Hospital Association
Youngstown, Ohio 44501*

REFERENCES

1. LeBoyer F: Birth Without Violence. New York, Alfred A. Knopf, 1975.
2. Nelson NM, Enkin MW, Saigal S, Bennett KJ, Milner R, Sackett DL: A randomized clinical trial of the LeBoyer approach to childbirth. *N Engl J Med* 302:665-660, 1980

(Accepted for publication December 28, 1982.)