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First-time fathers' experiences of their prenatal preparation in
relation to challenges met in the early parenthood period:
implications for early parenthood preparation

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Abstract

Objective To describe first-time fathers' experiences of their prenatal preparation in relation to challenges met in the early parenthood period.

Design A qualitative study was conducted and data was analysed with a phenomenographical approach.

Setting and participants 15 first-time fathers were recruited from three postnatal units in southern Sweden and interviewed approximately one month after their baby was born.

Measurements and findings Three categories and 14 conceptions about fathers' experiences of their preparation emerged from the data. "*Acquiring knowledge and forming realistic expectations*" was essential for "*Developing strategies*" and "*Being facilitated and supported*" enhanced these processes.

Key conclusions and implications for practice Supporting fathers to develop strategies for life with a new baby and providing expert guidance to fruitful and accurate information may help the construction of a fatherhood identity and strengthen the fatherhood role. The findings can be used to develop a parental preparation for early parenthood that will correspond to fathers' needs.

Keywords: fathers (MeSH), experience, parenthood, prenatal education (MeSH), preparation, antenatal care

Introduction

The transition to fatherhood is a challenging time, which has been described as an emotional roller coaster (Asenhed et al, 2014). Though it is the mother-to-be who is physically pregnant both parents are equally expectant and are of equal importance for their child (WHO, 2007). Earlier studies have shown that fathers want to be involved already from the beginning of pregnancy but often feel ignored by health care staff (Deave et al, 2008b; Wells, 2016a). It has also been shown that postnatally, fathers wish that they had been better prepared for the period after childbirth (Entsieh & Hallström, 2016; Wells, 2016a).

Involvement of the father in the parenthood process affects attachment to the child (Sarkadi et al., 2008). It has also been shown that increased involvement of men in maternity care increases the mother's, father's and child's wellbeing (de Montigny & Lacharite, 2004; WHO, 2007; Persson & Dykes, 2009). Involvement of the father is also a priority for the mother according to a recent Swedish study (Widarsson et al, 2015) and both mothers and fathers consider their partner as their greatest source of support (Widarsson et al 2012). Researchers in Australia have pointed out the importance of focusing on both parents' experiences separately, in order to strengthen them as individuals as well as parents and families (Fletcher et al., 2008; May & Fletcher, 2013). Therefore attention should be given also to the father-to-be from the beginning of pregnancy.

The early parenthood period is a time of insecurity where parents strive for confidence (Nilsson et al, 2015). Parents' experiences of the early parenthood period are affected by the information that they are given before the birth, about the early postnatal period (Premberg & Lundgren, 2006; Bergström et al., 2011; Persson et al., 2011; 2012). A sense of security is important during the first postnatal week, for parents as individuals, as a couple, for their start

as parents and for the baby's wellbeing (Fredriksson et al., 2003; Persson et al., 2007). Swedish research has shown that antenatal preparation for the early parenthood period influences parents' postnatal sense of security and that antenatal care providers have an important role to play in including both parents in the preparation (Erlandsson & Häggström-Nordin, 2010; Persson et al., 2011; 2012).

Parental preparation, most commonly delivered in the form of antenatal education classes is offered in many countries worldwide, but there is no consensus on content or structure for the preparation, making it difficult to evaluate (Gagnon & Sandal, 2007). In Sweden, parental preparation classes have, since late 1970s, been provided mainly by midwives at antenatal clinics, usually in the third trimester of pregnancy. The purpose of these activities, to which both parents are invited to participate, is to prepare couples for the birth and for their roles as parents. Today, the form in which preparation is provided in Sweden varies considerably, from small group courses to large public meetings and there is no set number of meetings that are included in a course. Approximately 71% of first-time mothers and 64 % of their partners attend preparation classes during pregnancy (The Swedish Pregnancy Register, 2014).

Criticism has been raised both in Sweden and in other countries that antenatal education classes mainly target those who are socioeconomically advantaged (Lu et al, 2003; Fabian et al., 2004).

Social factors, culture and gender may affect parental roles (Ny et al, 2008). Sweden has a tradition of working for gender equality and offers generous parental leave with the possibility to share equally between the parents. There is a body of research on fatherhood and fathers' views of their role; however the present study seeks to understand which factors fathers identify as important for their preparation when viewed from the reality of early

fatherhood. In order to evaluate current practice and develop new models for parental preparation it is vital to gain insight into Swedish parents' perspectives on their needs for preparation for early parenting. The present study aims to describe first-time fathers' experiences of their prenatal preparation in relation to challenges met in the early parenthood period. The term early parenthood period in this study refers to the first month after the baby is born.

Methods

Design

A phenomenographical approach was chosen for this study in order to capture variations in first-time fathers' experiences of their prenatal preparation in relation to challenges met in the early parenthood period. Phenomenography aims to discern and describe peoples' different ways of experiencing or perceiving phenomena in the world around them. The focus of interest in phenomenography is on the experience of the phenomenon not on the phenomenon itself and emphasises that different people have different ways of experiencing the same phenomenon (Marton, 1981; Sjöström & Dahlgren, 2002).

Participants

Fathers were recruited from three postnatal units in southern Sweden. They were identified with the help of midwives from postnatal units and were strategically recruited in relation to age, education, ethnicity, place of antenatal care and mode of delivery by the first author. Criteria for inclusion were first-time fathers (or co-mothers) whose infant had been cared for on the postnatal unit. Those whose infant was cared for on the Neonatal Intensive Care Unit (NICU) were excluded. Participants were required to understand and speak Swedish or English to the extent that it was possible to have a conversation. There was no requirement for

participation in antenatal parental groups. Eighteen fathers fulfilled the inclusion criteria and gave consent to be interviewed one month after the birth. Three fathers later changed their mind, leaving a total of 15 interviews with fathers (table 1).

Table 1. Profile of the participants

15 first-time fathers were interviewed approximately one month after becoming fathers
Age ranged from 19-37 years
8 fathers had tertiary education, 6 had sixth-form college education and one had basic schooling
Fathers were born in: Sweden (n=9), Denmark (n=1), Greece (n=1), Iran (n=1), Macedonia (n=1), Romania (n=1), Sri Lanka (n=1)
14 fathers had attended at least one parental group session during pregnancy and one father did not participate at all in parental group

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Data collection

Individual interviews were carried out, by the first author, approximately one month after childbirth between April and June 2015. The place and time of the interview was chosen by the respondents; 14 interviews were carried out at respondents' homes and one in a room at the university. An interview guide with open questions about how first-time fathers experienced their preparation for early parenthood was used. Initial questions were:

“What is your experience of preparation for early parenthood?”

“What does being prepared for early parenthood mean to you?”

“What do you think is good to be prepared for?”

“What, in your opinion, are good ways of preparing?”

The responses were explored using additional probing questions. Three of the interviews were conducted in English due to non-Swedish speaking participants. The interviews, lasting between 21 and 90 minutes (m=51), were recorded and transcribed verbatim by the first author (n=9) and an external transcriber (n=6).

Ethical considerations

The study was approved by the Regional Ethical Review Board (2013/651) and conducted in compliance with the ethical principles of the Declaration of Helsinki (WMA, 2013). The fathers received both written and oral information before written informed consent was obtained. The information emphasised the freedom to take part in the study and that they were fully entitled to withdraw their participation at any time. None of the authors were involved in any of the respondents' care.

Data analysis

The transcribed interviews were analysed using a phenomenographical approach (Marton, 1981; Sjöström & Dahlgren, 2002) with seven steps in the analysis process (Sjöström & Dahlgren, 2002) (table 2).

Table 2. Steps in data analysis¹

Familiarisation	The transcribed interviews were listened to in order to ensure correct transcription and read through several times to gain an overall impression of the material.
Compilation	Relevant statements of preparation in relation to the early parenthood period from all participants were identified.
Condensation	Central parts of the relevant statements were identified.
Grouping	The condensed statements were compared and sorted into different preliminary groups.
Comparison	A comparison of groups was made to ensure that they could be distinguished from each other.
Naming	The emerging categories and conceptions were named to emphasise their content.
Contrastive comparison	The categories were compared regarding similarities and differences and the relationship between the categories was presented in an outcome space.

¹According to Sjöström & Dahlgren (2002)



Even though the steps are described in separate and chronological order they have mutual relationships and revisiting the steps was a continuous process during the analysis. From the

individual participants' statements, conceptions could be identified and formed into categories and presented in an outcome space (figure 1). Conception describes the way a phenomenon is perceived and a category consists of a group of conceptions. Outcome space can be seen as an explanation of a logical relationship between the categories. Categories and conceptions were discussed between all authors until consensus was reached. The analysis was also discussed in two research seminar groups, one of them a research seminar group for phenomenographical studies. Quotations from the individual interviews were number coded and presented for each conception.

Findings

Three categories and 14 conceptions describing first-time fathers' experiences of their preparation for early parenthood emerged from the analysis (table 3).

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Table 3. Overview of categories and conceptions

Categories	Conceptions
Acquiring knowledge and forming realistic expectations	Caring for the baby in both health and illness Breastfeeding: more challenging than expected Still being a couple but not as before Being tired and bound Understanding emotional reactions
Developing strategies	Adjusting priorities Acknowledging ones' limitations Dealing with internal and external pressures Communicating with ones' partner Forming a fatherhood identity
Being facilitated and supported	Parental groups: the good and the bad Internet as an asset or a worrier The need for guidance Information: the when and how

Acquiring knowledge and forming realistic expectations was essential for *Developing strategies* and *Being facilitated and supported* enhanced these processes.

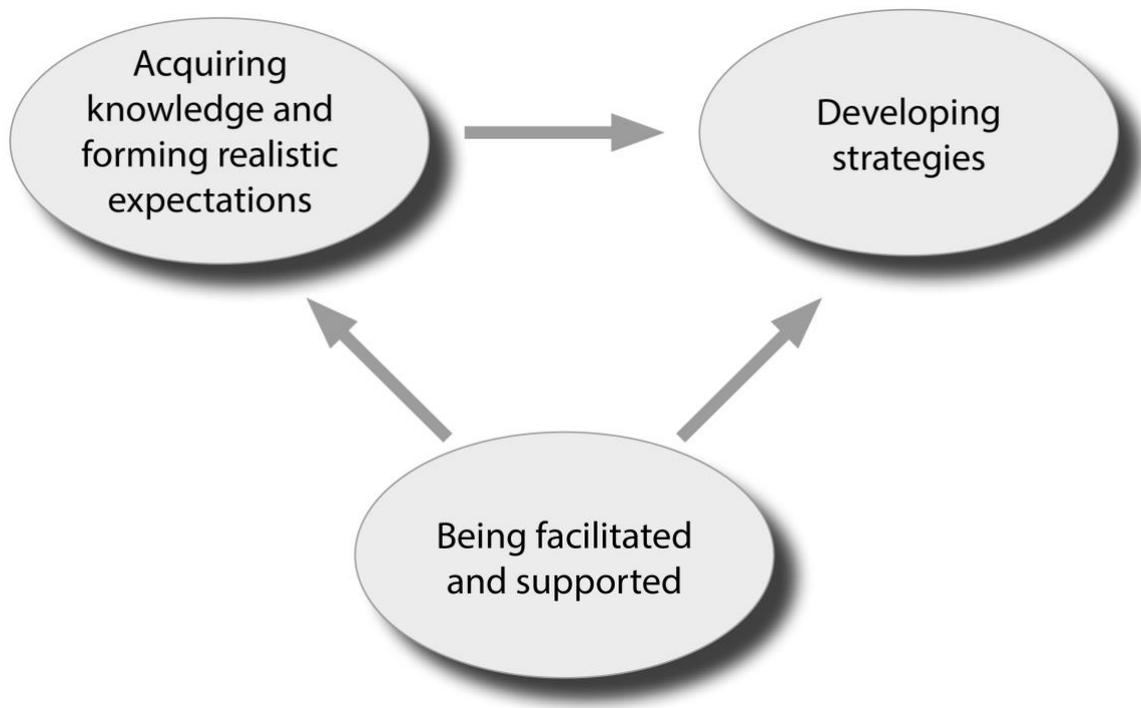


Figure 1: The findings in relation to the outcome space, showing the relationships between the categories.

Acquiring knowledge and forming realistic expectations

This category consists of conceptions concerning the fathers' needs for knowledge in order to be able to prepare for parenthood and to create realistic expectations about the early parenthood period.

Caring for the baby in both health and illness

Fathers wanted to know about how to care for their healthy baby as well as being able to know and react when the baby was unwell or not developing normally. They also appreciated basic information, for example how to bath the baby. It was important to know about the baby's needs and how to interpret the baby's signals. The babies sleeping patterns and

recommended sleeping position were also areas where knowledge was important. It was acknowledged that there was a wide range of normality.

“Every baby is different. You have to expect the unexpected and not have too many preconceptions about how the baby should behave.” (10)

Information and a basic checklist of things they should get for the baby was also expressed as helpful.

Breastfeeding: more challenging than expected

Breastfeeding was often experienced as more challenging than expected and the fathers wanted realistic information and preparation with a focus on problem-solving in order to be better prepared for the challenges and to be able to support the mother. They felt that breastfeeding was presented as easy and described disappointment when breastfeeding did not work out.

“I have to say that there I was not prepared at all but had a mental picture that it’s just a matter of laying the baby to the breast and it all works. When it didn’t work you stood there: aha, what the hell do we do now?” (2)

Some fathers felt that there was pressure on mothers to breastfeed and that no alternatives to breastfeeding were discussed during preparation. To know how often and how much the baby should be fed was experienced as important.

Still being a couple but not as before

The fathers experienced that they needed to be prepared for the amount of focus on the baby and on their parental duties and how they might nurture the couple relationship with less time and energy to spare. Awareness of relationship changes between the parents and how sexual life might be affected when the baby was born were expressed as important areas.

“That there’s a lot of focus on the child... and the partner in the relationship gets forgotten. And then sexual life...you need to be aware of...you want to know what’s normal? It’s important that it’s still a relationship, but you can adjust the relationship a bit.” (8)

Being tired and bound

The fathers stated they had difficulties in imagining the impact the baby would have on their sleep and how this could affect their life. Lack of sleep could lead to feelings of irritation and frustration and also affect the relationship with their partner.

“I don’t know how you prepare yourself for sleep problems but....(laughs)...with sleeplessness comes irritation. It effects... or it can effect the relationship between me and X...” (15)

It was good to be prepared for the amount of time the baby needed. The baby’s dependence on its parents meant that they were tied which resulted in significantly less spare time than before having a baby. Fathers experienced that normal vaginal delivery was in focus during the preparation and little attention was given to birth complications. They felt they were not prepared for the increase in work-load that the mother’s delayed recovery could cause, as they then had to take over duties that she was unable to perform.

“It’s probably to do with the complications that the pregnancy led to...and that she hasn’t recovered at the expected rate. ...that it’s extra hard work, not just having a baby to take care of ...and that’s something one wasn’t prepared for.” (14)

Understanding emotional reactions

The fathers experienced that it was important to know that their own and their partner’s emotions could increase both in intensity and variety and could be unpredictable. There was a

need to acknowledge that fathers could also experience emotional oscillation and sensitivity. Fathers expressed a taboo concerning depression during pregnancy and the postnatal period and a need to know about postnatal depression. Having a baby was sometimes glorified and everyone else appeared so happy, but the truth was it could take time to adjust to becoming a father and that bonding with the baby was something that could come gradually and that this was something worth talking about and preparing for.

”You don’t need to feel this great surge of happiness that everyone writes about on Facebook. I can still feel...yes it’s happiness but it’s stressful...I still haven’t adjusted to it...” (13)

Developing strategies

This category consists of conceptions about developing strategies for themselves and their partner to enable their adjustment to fatherhood.

Adjusting priorities

Becoming a father meant a life-change with new demands and less time for own use. Fathers felt they had to find a balance by prioritising, for example sleep or spending time together with the family as a strategy to help the workings of everyday life. Having the baby in focus and putting the baby’s needs first required preparedness for life-changes that were not always welcomed by the fathers.

”You’ve got to leave your juvenile life behind, stop running around with your mates and that. You have to change it...without agreeing to it...you’ve just got no choice (laughs). Now I’ve got someone else to think about...” (4)

Acknowledging ones’ limitations

The fathers stated that they were not aware of how suddenly situations with the baby could change which was frustrating when they felt that they were just getting in control. Knowledge that there was no “status quo” with a new baby could help them cope through sudden changes. They expressed the importance of knowing that feelings of frustration and insecurity could arise when it was difficult to satisfy the baby’s needs. A useful strategy could be to focus on the task they needed to perform and to be able to ask for help from their partner. Having an insight that one cannot be in control of everything but knowing where to turn for information and help to solve a problem was an important strategy.

“You can’t prepare yourself for everything but if this thing happens you have information and the necessary prerequisites to deal with the situation.” (14)

Dealing with internal and external pressures

Fathers felt that they had to deal with both internal and external expectations of being a good parent and doing what was considered correct. Lowering their own ambitions, goals and demands was considered helpful in dealing with the pressure caused by expectations.

Observing other parents or being advised by people they trusted, such as relatives, friends and professionals, helped to form a picture of what lay ahead and to balance the demands.

“It feels like you’re being checked out by those around you...how you get on in different situations...because a lot of people have their views. It’s sort of tough...at the same time, you don’t want to do the wrong thing...” (2)

Communicating with ones’ partner

Partner communication was said to be a crucial component in preparation, in order to both prevent and solve problems. Having a joint plan and being aware of each other’s preferences

and expectations was experienced as a good strategy and repeated discussions were necessary as things changed over time.

“We’ve talked... through the whole pregnancy because things can change – what you think and believe. That way you avoid irritation and rows.” (6)

Forming a fatherhood identity

Becoming a father was sometimes hard to imagine before the birth. Making practical preparations for the baby was found to be a strategy that also initiated a mental preparation making the imminent arrival of a baby more real. Some fathers expressed their role as being supportive and facilitating the mother to focus on the baby.

“It’s important to be prepared for the fact that there will be a lot of mother and baby time. I have to see that they are as comfortable as possible. She’s got a full-time job with her (the baby), with breastfeeding, like.” (6)

Other fathers expressed a desire for strategies to not only be supportive of the mother but also find a way to be active in caring for the baby. By having a participating role, and considering opportunities to be close to the baby, the fathers felt that their preparation for fatherhood was strengthened. Fathers spoke of strategies to compensate for the time and effort the mother spent on the child, by for example, doing household tasks, which gave feelings of being needed and equal in their relationship. Bonding with the baby and forming a relationship was also discussed as a means of attaining parental equality. Seeing themselves merely as helpers was said to be contradictory to the idea of parental equality.

“Naturally you have to help out...but it shouldn’t be compulsory that you have to wash-up, shop, do the washing and clean...to relieve the one that’s been at home. One has just as much right to be together with one’s child...” (7)

Being facilitated and supported

This category consists of conceptions about how fathers' preparation for parenthood might be supported.

Parental groups: the good and the bad

Parental group classes gave an opportunity for reflection and could also foster further reflection at home. The main purpose to attend these sessions was, for some fathers, to obtain information based on facts and delivered in a time-effective way. For other fathers it was rather the possibility to meet and discuss with other expectant parents that was considered fruitful. An open discussion climate was enhanced by limited group size and enough sessions to allow them to get to know each other. Fathers felt that groups consisting solely of first-time parents-to-be were not very fruitful and they suggested that new parents should be invited to share their experiences with the expectant parents.

"Parents....get them to ask people who have three kids to join in a discussion...because they've already got the gen." (8)

Not all fathers appreciated parental groups, the groups could be seen as too intimate and the climate could also be experienced as competitive between parents and therefore discussions on sensitive questions or subjects were difficult. Even those that spoke about parental groups as a good way to prepare stated that there wasn't enough time to cover all areas of interest.

"Parental groups are an excellent way to prepare but they were too short... we hardly spoke of the time after birth." (10)

Fathers who had attended a fathers-only discussion session, led by a man, appreciated it.

Insights were gained about fatherhood and emotions from a male perspective and inspired to further preparation.

Internet as an asset or a worrier

Fathers described how they sometimes avoided using Google because search results could be unreliable, often leading to websites with forums and negative experiences that created more worry than comfort. Instead they often preferred to search on reliable websites, such as “vårdguiden” (a Swedish national website for Health information, distributed by public health care service). Fathers spoke of the easy access to information that internet gave.

“Most of the time on the internet, because ... I’m not a patient person. I want to have everything like that (clicks fingers).” (12)

Fathers also expressed that using internet demanded a critical eye in judging the reliability of the content and source of information.

“I looked at YouTube, but you don’t know to a hundred per cent which... what experience those showing the film have... Yes, if you think a bit... is it something good or can it be harmful....” (9)

The need for guidance

The fathers said that lack of previous experience created difficulties in knowing what they might need to know and therefore in forming questions. Rather than asking the fathers what they wanted to know, the midwife should be pro-active in guiding them towards the information they might need.

“The midwife was very nice... and she asked: do you have any questions? But you don’t have any questions if you don’t know what is coming. I would know now (after birth) what to ask.” (10)

The midwife was considered to be someone with knowledge and trustworthiness. Fathers who had independently found information nevertheless appreciated having a professional person to confer with. Accessible support from the midwife for both parents gave security and fathers

emphasised the importance of the midwife addressing information and support directly to both parents.

Information: the when and how

It was suggested that parental preparation should focus more on the time after birth. A follow-up with information and practical guidance during the postnatal hospital stay or after discharge was suggested. The fathers expressed preferences for how information should be presented and it was acknowledged that preferences could be very individual and therefore different methods of communication should be used.

“I learn most when someone tells me things....absolutely. So, I prefer that. But it’s probably that you need to have a mixture of things....because some learn by reading and seeing.” (5)

Written information was used in different ways and fathers suggested that information should be presented simply and concisely but also with footnotes showing where more information could be found. Fathers who spoke little or no Swedish (and were interviewed in English) wished for written information in their native language or in English. Some fathers did not appreciate reading and preferred oral information. Practical aspects of care could be demonstrated and having the possibility to practise things was also considered helpful. Using humour could be a way of capturing interest.

“Information needs to be well choreographed, it needs to capture our interest, it needs to be given in a fun way. Use humor: situations can afterwards be looked at as funny or comic but when you are in it, it’s like a matter of life or death.” (11)

Discussion

The most interesting findings in the present study were related to the fathers' needs for guidance in obtaining relevant information that would help them develop a fatherhood identity and prepare them for the early postnatal period. This finding indicates that antenatal preparation for situations ahead, that fathers have no previous experience of, differ from parental support after the baby has been born, when focus is on support in current situations. Fathers had experienced difficulties in being prepared for what would happen after birth, how they would feel and how things would work. Being enabled to develop strategies to easier deal with the life-change of becoming a father could be considered as a goal of their preparation. They suggested that parental preparation should give more attention to the time after birth.

New generations of internet-savvy parents are changing demands for health professionals' competence in the area of virtual information. Fathers in this study would have liked guidance from midwives regarding reliable sites on the internet. This in turn requires midwives to use the skills in critical appraisal of texts that they are taught during their midwifery education in Sweden. It also requires a current knowledge of the scientific literature in order to provide parents-to-be with evidence-based information. This provides a strong case for the scientific content of midwifery education today. Employers have a responsibility to provide both time and support for health professionals to keep up to date with new evidence and sites on the world wide web.

The midwife was seen as a competent and trustworthy guide to support fathers in their preparation. However, the fathers would prefer health professionals to be active guides since they themselves lacked previous experience and it was difficult for them to know what questions they should ask, a difficulty also previously pinpointed (Deave & Johnson, 2008a;

Persson et al 2011; 2012). Although there may be some pedagogical value in asking fathers what they want to know, this approach should not dominate the preparation package offered. Equality in parenting was an important aspect for the fathers and they did not appreciate being seen by the midwife as merely a helper for the mother. This is an important finding, in line with earlier research (Vikström & Barimani, 2015), and should be taken seriously by health professionals. It is important to acknowledge fathers as equal parents and to focus on the father's relationship with the baby.

Findings in this study revealed that fathers had different expectations of the parental preparation groups and preferences for how preparation should be delivered were very varied. The parental groups were by some fathers experienced as too intimate, and they were unsure about sharing openly with others. This could be due to personality traits but could also be due to a competitive group climate as described by some fathers. Although parental preparation sessions may be one method, there appears to be a call for differing types of pedagogical approaches to parenthood preparation, a finding corroborated by earlier research (Gilmer et al 2016). The idea presented by fathers in the present study, of learning from other new parents was also shown in a review of the literature by Entsieh and Hallström (2016) and the encouraging effect of support from both peers and family is previously well known (Deave et al, 2008b; Svensson et al, 2006). Not all expectant fathers have other young parents in their social network, and according to Deave & Ingram (2008a) fathers appeared to lack support networks. Antenatal care can support parents-to-be by providing an arena for social networking. However, learning from peers during pregnancy might be difficult in parental groups consisting only of first-time parents-to-be. Providing preparation for fathers-to-be demands not only subject knowledge but also pedagogical skills. Group-leadership requires knowledge about group dynamics in order to support a good learning environment (Lefèvre et

al, 2015; Forslund Frykedal & Rosander, 2015a; Forslund Frykedal et al, 2015b). Knowledge and skills of this kind are at present not provided for midwives in Sweden, neither in midwifery education nor in-service training programs.

Clear information about life with a new baby was necessary in order to build realistic expectations, which others also have shown (Persson et al., 2011; 2012; Entsieh & Hallström, 2016). It had been impossible for fathers to imagine how disturbed their sleep might be. They required honesty about possible difficulties arising from birth complications or breastfeeding problems; findings which are consistent with previous research (Deave et al, 2008b; Erlandsson et al, 2010; Sherriff et al 2014). According to Sherriff et al (2014); providing fathers with relevant information about breastfeeding and how to support the mother has the potential to positively influence the breastfeeding as well as the relationship between the parents. The authors are not aware of any research regarding health professionals' reluctance to broach the problems of the early postnatal period. In conjecture, it may be that they do not wish to be harbingers of problems that may not arise. The early parenthood period is a sensitive period for bonding with the infant and health professionals may feel that talking about difficulties may make some parents-to-be anxious and thereby effect the period of bonding. Fathers in the present study experienced gaps in their practical knowledge about how to care for the baby, which others have reported earlier (Deave & Johnson, 2008a). Challenges in the couple relationship after birth was an area that fathers felt was important to be prepared for. It has previously been reported that fathers often feel unprepared for these challenges, which can have long-term consequences (Entsieh and Hallström, 2016). Hansson and Ahlborg (2015) found that insufficient communication and strains from parenthood were two factors contributing to separation and divorce among parents of small children.

Encouraging and highlighting partner communication in parental preparation is therefore important.

Strengths and limitations

Previous studies on antenatal preparation have more commonly focused on preparation for birth and on the mothers' perspective. This study contributes to the understanding of fathers' experiences of preparation for the early parenthood period. By using a phenomenographic approach it was possible to describe the variation in their experiences of preparation, which is important when providing individualised care (Sjöström & Dahlgren, 2002).

Phenomenography was developed to study learning aspects in the field of pedagogical research making it a suitable approach to use when studying parental preparation. The timing of data collection, one month after the baby was born, when fathers' experiences of parenthood are very new was consciously chosen in order that the fathers should reflect on their needs for preparation in relation to their own recent experiences of becoming a father. There are innate difficulties in research that requires respondents to freely suggest changes in the provision of care, since their frame of reference is the existing status quo (van Teijlingen et al, 2003). The researcher must attempt to foster an open attitude whilst avoiding "feeding" new ideas to the respondents. The authors have been aware of the imperative for a thorough and deep analysis of the respondents' statements. Although the number of participants (n= 15) was arbitrary it may be considered sufficient since, according to Larsson and Holmström (p.396, 2012), new conceptions rarely emerge after analysing 10-12 interviews. Recruitment to the study was strategic, in order to include respondents of different ages, educational level and country of origin, which is important in our multi-cultural society where research often does not encompass minorities. This is a strength in the study. However, those without Swedish or English speaking skills and same-sex co-parents are not represented, which is a

limitation and further studies should target these groups. Same-sex co-parents were not actively excluded from this study and efforts were made to recruit them but unfortunately none were available during the period of recruitment. It is nevertheless important to acknowledge that not all co-parents are male fathers, and a previous review of the literature indicated that requirements for preparation from same-sex co-parents might to some extent differ from male partners' interests (Wells & Lang, 2016b). Exclusion of fathers without Swedish or English speaking skills was due to the fact that use of an interpreter often makes interviewing more difficult (Suurmond et al, 2016) and adds to the research costs. Although the study was conducted in Sweden findings might be transferable to other settings since some findings were supported by international research. Showing the relationship between empirical data and categories and conceptions is achieved in this study by providing citations from the participants. This is a means of providing some degree of credibility in qualitative research (Sjöström & Dahlgren, 2002).

Conclusions

Findings from this study show that fathers want to be guided in their preparation for parenthood and provided with honest and clear information about life with a new baby in order to develop strategies for life as a father. Treating fathers as truly equal parents and allowing them a participating role may strengthen fatherhood identity. We found considerable diversity in fathers' requirements for parenthood preparation. These findings can be used to develop new, innovative models for parental preparation that will correspond to fathers' needs regarding both content and differing pedagogical presentations.

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