

Fathers and fathering. Men inside the delivery room

Lia Lombardi

University of Milan

Abstract

Historical, anthropological, and sociological studies show that pregnancy and childbirth, despite being human “natural” events, actually display strong socio-cultural significance. According to this perspective, childbirth is defined as a “bio-social event” (Oakley, 1984) because it is a product of both biology and society. Starting from this assumption, several women and healthcare operators’ movements emerged and many studies were carried out in Europe and around the world during the 1980s, focusing on childbirth, delivery and reproduction and questioning their deep medicalisation. In 1985, the World Health Organization published recommendations and guidelines on assistance during labour and childbirth procedures in Europe (WHO, 1985) which affirm women's right to reclaim their active role in these events and their right to have their partner with them during delivery.

In the context of such movements and studies, research began to investigate men and fathers close to women in labour. The findings highlighted society was changing in terms of gendered distribution of work, moving toward equality, and, consequently, requiring the willingness of both parents to share childcare responsibilities.

Drawing from these premises, this study investigates the following questions: a) what kind of participation and involvement characterizes the men-fathers in the delivery room? b) Which socialisation processes precede their arrival in the delivery room? c) Does men's participation in antenatal training courses provide greater awareness and involvement in the birth event? d) To what extent does men's active participation change gender and parent-child relationships?

Keywords: fathering, childbirth, parenthood, medicalisation, birth-care

1. Introduction: inside and outside the delivery room

The study of the man-father's role in the delivery room and, before that, at the woman in labour's side, is part of the Sociology of Health and Reproductive Rights, a complex branch of the Sociology of Health and Medicine.

Historical, anthropological, and sociological studies show that pregnancy and childbirth, despite being human "natural" events, are actually facts that are strongly socio-cultural in nature (Gelis 1984; Jordan 1984; Oakley 1984; Colombo *et al.* 1987 ; Davis Floyd and Sargent 1997).

The "birth scene" becomes the stage of the relationship between men and women, in which women are represented as main characters in the birth "drama" by interpreting the relationship between nature and culture.

According to this perspective, childbirth is defined as a "bio-social event" (Oakley 1984) because it is a product of both biology and society. Reality shows that:

- childbirth is a *complex* event, which involves many factors;
- it is *engaging*, indeed it is full of emotions that also affect the professionals involved in it.

Childbirth is also an irreversible event (making non-parents into parents) and full of symbolic meanings: the woman is the “star” as a “body” that gives life, while the father is mostly absent (at least in Italy), and medical institutions provide places, rules, and timings (Van Gennepe 2012).

Drawing from this perspective, several women and healthcare operators’ movements emerged (and many studies were carried out) in Europe and around the world during the 1980s, focusing on childbirth, delivery and reproduction. Specifically, they questioned medical and technological “interference” in the physiological sphere of delivery and human reproduction. In 1985, the World Health Organization published recommendations and guidelines on assistance during labour and childbirth procedures in Europe (WHO 1985), which affirm women's right to reclaim an active role in these events and their right to be with their partner during delivery.

Emerging movements and critical conferences have opposed the strong medicalisation of pregnancy and childbirth. Among these we find the international conference “Birth Cultures”, held in Milan in January 1985, and two important studies that marked the beginning of a new theoretical and epistemological perspective on delivery, childbirth and human reproduction. The first study is an international ethnographic research directed by Brigitte Jordan, “Birth in Four Cultures” (1978), which analyses birth care systems in four countries (the USA, Sweden, the Netherlands and Yucatan), looking at some key variables such as delivery place, formal and informal caregiving practices, the role of woman in labour and decisional power. The second ethnographic study we refer to was carried out in Italy by two sociologists and one gynaecologist (Colombo *et al.* 1987): the study took place in the early 1980s in the maternity wards of five hospitals in Milan, and analysed more than one hundred deliveries.

Starting from these reflections, research began to focus on men and fathers close to women in labour. Brigitte Jordan (1984, 1985) reports that, for a long time, most of the social and healthcare systems kept husbands and fathers outside the birth scene, with the exception of some countries, such as Yucatan, where “the husband's presence at childbirth is required” (if this is not the case, some disastrous consequence will ensue).

Her findings show that, according to the cultural norms, the husband must be present in order to help his wife. The women, moreover, confirm they could never deliver their babies without their husbands by their side. This happens «within a society where the mutual dependence between male and female is constantly emphasised: no man is complete (he is “lacking one half”) without a woman and vice versa. The support he offers her and their sharing of the delivery experience strongly confirm and reinforce this ideology» (Jordan 1985, 82).

It is worth saying that a few years ago, with great amazement, I discovered that until the late 1960s (that is until all deliveries were hospitalised) in the countryside around Cremona and Mantua delivery took place in the arms of the husband/father and that the baby was picked up by the midwife. This meant that the woman, seated in her husband’s arms, and with her back to him, held and hugged by him, gave birth to their baby boy or girl in a sort of “shared delivery” (Lombardi 2017, 71).

Jordan’s study also examines industrialised countries, such as Sweden and the Netherlands, where, during the 1980s, the father was already admitted into the delivery room in case of hospitalised care, or was allowed to be with the woman in labour if childbirth took place at home (as it was the case in the Netherlands, where in those years 55% of childbirths occurred at home¹). Jordan prompts us to consider that, in a society where the distribution of labour (both inside and outside the home) tends to be more and more equal, inevitably, «both parents must be prepared to share childcare responsibilities. And what better way to bring people into the “birth system”, to emotionally involve them, to make them feel responsible, than to give them a recognized and fundamental role in childbirth?» (Jordan 1985, 82).

However, not all industrialised countries and not all advanced societies had opened their delivery rooms to fathers by the 1980s. Where delivery was characterised by a “pathological” conception and thus hospitalised, medicalised, and “technologised” as in

¹ Since the end of the 19th Century, the Netherlands had a public and professional system of home-based childbirth care (Pizzini e Regalia 1981) which is still nowadays used by about 35% of women in labour, while the remaining 65% give birth in hospital or in birth houses.

the USA and Italy, delivery rooms were still “barred” to the husband-father. Hence the American anthropologist Robbie Davis Floyd (1987) defines this model of childbirth care as “technocratic”: she contrasts such a tendency with the humanization of childbirth, which supports and protects the delivery’s physiology and its relational and social component, and which sees the woman in labour, and the people she has chosen to have by her side, at the centre of this process. In the 1980s, only two out of five hospitals in Milan allowed the father to be present in the delivery room. However, “the space” available to him was limited, with the man often showing embarrassment, and not knowing what to do: «His embarrassment revealed the difficulty of recruiting to a role not historically codified and only recently recognised» (Lombardi 2013c, 1027).

Therefore, this study investigates the following questions: a) what kind of participation and involvement characterizes the men-fathers in the delivery room? b) Through which socialisation processes do they arrive at the delivery room? c) Does men’s participation in antenatal training courses provide greater awareness and involvement in the birth event? d) To what extent does men’s active participation change gender and parent-child relationships?

Concerning the narrative methodology, this article follows an “integrated” structure. Each paragraph starts with the analysis of in-depth interviews with health-care staff. Then, it presents and discusses secondary data (Lauria *et al.* 2012; Basili *et al.* 2014), and data from three investigations carried out in two hospitals in Milan by midwifery undergraduate students of the University of Milan, during the preparation of their degree dissertations². The first study was carried out in 2008 by Palladini Emilia, who collected data from seventy surveys filled in by men assisting their partner during childbirth at the Fondazione Policlinico Hospital in Milan. The study investigated identity construction of fatherhood. In 2011, Gioco Martina conducted the second one in two hospitals in Milan: Fondazione Policlinico and Ospedale dei bambini “Vittore Buzzi”. She interviewed thirty men using a semi-structured questionnaire to investigate

² See the following degree dissertations: Palladini, E. (2007), “La presenza del padre in sala parto: quale identità”, main supervisor Mauri P.A., second supervisor Pozzi G.; Gioco, M. (2011), “Padri in sala parto: tra aspettative e realtà”, main supervisor Bestetti G.; second supervisor Mauri P.A.; Gazzotti, V. (2013), “Il padre in sala parto: indagine conoscitiva”, main supervisor Mauri P.A., second supervisor Sangiuliano M.

fathers' experience of waiting for their child's birth and their feelings and emotions afterward. The third study was carried out by Gazzotti Valentina in 2013, in the same hospitals. It considered the emotions and feelings of fathers assisting their partner in the delivery room and the relationships between fathers and healthcare professionals. In order to investigate this, Gazzotti interviewed sixty fathers using semi-structured questionnaires.

The qualitative study was carried out in February 2015³ and involved six face-to-face in-depth interviews with healthcare staff in Milan: five midwives and one eutonist⁴, three of whom aged between 55 and 64, one between 45 and 54 and two between 25 and 34. The participants were selected from different working fields, in order to highlight the different care and reception practices with regard to both the delivery room and the antenatal training courses. Of the above mentioned healthcare professionals, three were hospital midwives, one was a midwife working in a family healthcare centre, one was a freelance midwife (working in a midwifery association which promotes and assists home birth) and the last was a freelance eutonist (running antenatal care courses)⁵.

The questions of the interviews concerned their working environment and the type of reception given to the men-fathers; their perception and opinion about “the place for the father” in the delivery room; the change the men-fathers' participation in childbirth can produce in gender and parental relationships; the role played by healthcare staff in this change; and, finally, possible suggestions to improve men's involvement in childbirth and fatherhood, including fathering, as will be argued in paragraph 3.1.

The remaining paragraphs follow the same structure of a “childcare path”, focusing on what happens before, during and after the delivery room. A discussion of the concept of fatherhood and its relational changes will follow, and we will conclude with a section on the critical issues resulting from the study and some future developments.

3 The six in-depth interviews were carried out by the author of this article.

4 Professional who practices and teaches *eutony*, a method that proposes the search for self-balance, starting from a person's posture, tone and body consciousness.

5 The midwives' workplaces are in Milan: Fondazione Policlinico Hospital; Midwifery Association “La Lunanuova”; the eutonist professional provides her skills in several public and private centres.

2. Before the delivery room

The idea of discussing what happens “before the man enters the delivery room” stems from the following questions: How do men, future fathers (but also often already fathers) arrive at the delivery room? Through which paths, demands and support? Is there a social request for such behaviour and presence?

Several interviewees, especially the younger ones who have experienced the move from an “empty” to a “crowded with the male-paternal” delivery room (occasionally felt as an uncomfortable presence) questioned whether men really wanted to be in the delivery room or whether they were forced by their partners or by the general context.

Actually, research conducted in the maternity wards of the two elected hospitals in Milan shows that almost 85% of the 160 fathers interviewed willingly chose to be present at childbirth or shared their decision with their partner. The interviews with the midwives support this finding: indeed, they claim to have seen only few cases of men being “forced” into the delivery room in the last fifteen or twenty years of their career.

Another important element is represented by antenatal courses (ACs), which always involve fathers but which are provided at different times and with different attendance patterns. The results of a study carried out by ISTISAN (National Institute of Health) in 2012 show that 40% of Italian women attended antenatal courses *versus* 23% of immigrant women; in particular, while 59% of the first-time Italian mothers attended antenatal courses, only 38% of the primiparous immigrant mothers did so (Lauria *et al.* 2012).

The presented interviews show the existence of a different range of antenatal courses, especially with regard to the father’s involvement. Courses organized by private midwives’ associations provide twelve meetings, six of them addressed to fathers and couples. Those organized by public institutions (Hospitals and Family Healthcare Centres) offer a standardized pattern ranging from seven to nine meetings, of whom from one to three opened to fathers. The fathers are involved in activities concentrated on body and emotions, receive information about delivery and breastfeeding, and develop the ability to support their partner during and after childbirth and with

childcare. The arrival of the father at an antenatal course changes the dynamics and even the approach of the course, as this midwife states:

«When dads arrive, the “energy” changes... cards are shuffled. There is a different excitement... this male polarity has its own specificity... they feel reassured by seeing other men. This is important for them because they recognize each other, with their own codes. They begin telling jokes, for example. In other words, men have a light approach, while women are more introspective» (Int.1p, Feb. 2015).

The interview points out interesting elements: firstly, the importance of the man's approach to pregnancy, with his diversity and with his body energy, so different from the energy of the pregnant woman, who is rather involved in protecting “her baby”. Secondly, it draws attention to the importance of being among “pregnant men”, sharing codes and being involved as men in a process that occurs within the female body, but from which fathers are not and should not be excluded.

Bodily work is very important in this case, as it allows the couple's bodies to be closer. Indeed, it allows them to feel each other's body and perhaps to transfer one's experience into the other's body. The body, we know, is a complex element, made of flesh, bones and blood but above all of memory, history, experience and emotions. The body learns and teaches, is biology and culture, is individual and society (Lombardi 2013a,b).

We also need to remember that men-fathers do not only attend antenatal courses, but in most cases they accompany their partners to medical appointments and ultrasound scans: «scans are always shared, more than appointments, because men can see – they do not want to miss this opportunity!» (Int.1p, Feb. 2015).

Research in local hospitals⁶ shows that 60% of men attends their partners' medical appointments during pregnancy and that 80% attends scans. They try to take time off work and do all that is possible to be present at the three most important scans, as they themselves report:

⁶ See Gioco M. (2010), “Padri in sala parto: tra aspettative e realtà”, main supervisor Bestetti G.; second supervisor P.A. Mauri.

«I was there for the three main scans, the first to establish when my baby girl would arrive, the second to check that all vital organs were normal – I believe this is called “morphologic” scan – and the last to estimate the baby’s final weight» (Q5, TMG, Sept. 2011).

«Yes, I went to all scans with her and saw them all, these have been the best moments» (Q12, TMG, Sept. 2011).

3. Inside the delivery room

According to data from the CEDAP report (Birth Assistance Certificate) published in 2014, 90.6% of women have their baby's father by their side during labour and delivery. Overall, the father’s presence in the delivery room has considerably increased between 2000 and 2014, from 60% to 91%. It is doubtless that such an increase reflects significant changes occurred in gender relationships, with regard to family responsibilities, reproductive projects and parenting patterns, as one of the midwives interviewed explains: «because these modern fathers are there, the modern couple is on an equal level. These women do not get much support other than from their partner. It is essential to involve the men» (Int. 1p, Feb. 2015).

Another interviewee, however, makes a very interesting point about subjectivity. She claims that fatherhood is already within men: she attributes a fundamental role to the man-father as the creator and not just as the woman’s supporter and as the baby’s “social guardian”.

«There is a male participation, regardless of whether there is a couple who swears eternal love to each other. [...] This means that that place [the birthplace] where the invisible becomes visible, could be an excellent opportunity for the intuitive mind» (Int. 4g, Feb. 2015).

The current discourse on parental subjectivity is very interesting and salient. In many European countries, policies in support of parenting make reference to it, including the Italian legislation on parental leave (Law 53/2000 and TU/2001) and on shared foster care (L. 54/2006) in case of divorce. This is doubtless a recent trend related to social transformations in gender, generational and filial relationships, of which IVF (In Vitro Fertilisation) and the request for it by single people and homosexual couples are an example (Lombardi, De Zordo 2013a; Ruspini 2013; Lombardi 2017).

Going back to the fathers' presence inside the delivery room, the younger midwives (interviewees) do not emphasize the difference between the man and the father, but instead give priority to the woman's choice:

«Given that it is the woman who must choose who can be with her during delivery, I am in favour of the father's presence in the delivery room and thinking about myself [she was pregnant], my husband is the only person I want to be with me in the delivery room» (Int. 5c, Feb. 2015).

The man-father in the delivery room is welcome because, the respondents point out, in most cases the woman wants him there: «Most of the women I've seen are looking for him, seeking contact, help, they long for a kiss, they need to feel that the man is there and that he cares for them» (Int. 6m, Feb. 2015).

Another midwife, who has seen many changes over the years, highlights, like her colleagues, women's request to have their partner (whether heterosexual or homosexual) by their side, which is however dependant on whether the hospital allows this. This relates to the emergence of the *triad* concept (mother, father and child) and the change in the parenting figures themselves:

«The hospital is an aseptic place, where you are on your own and therefore it is understandable that women feel the need to have someone by their side. I believe the *triad* concept has played a part in this: during labour, the need to consider father's presence and to rethink visiting hours in order to allow him longer access has rose. Later there have been talks about the double wristband [1994-1995], that

is a wristband for the father, once the nursery has started to be open and has therefore allowed him access» (Int. 3p, Feb. 2015).

The identity wristband for the father [or partner] is a symbolic “revolutionary” fact: fathers are not only admitted into the delivery room but are also free to move in the ward all day long and until late. This represents a main achievement: fatherhood is affirmed since childbirth, in the same way as motherhood, even before a surname is assigned to the child. Men know about the practical and symbolic “power” of the wristband and ask for it if staff forget or delay providing it.

At this point, another question arises: which is men’s place in the delivery room? Which are their attitudes and perceptions? According to interviews in the elected maternity hospitals in Milan, 51% of men said they wanted to be present at childbirth because of the experience they could get and 36% in order to provide support to their partner, although 50% said they felt a sense of helplessness (Lombardi 2017). According to this data, a midwife argues: «Men in the delivery room also follow a path with respect to their emotions; along the years I saw this happening more and more often, they even learn to accept their own emotions» (Int. 1p, Feb. 2015).

Some critical issues emerge from our interviews: two midwives highlight the risk of men’s weakening that is latent in the “full” experience of childbirth. Thus, they talk of a masculinity that must not be lost: «The man should not lose his masculinity just because the woman takes on the strength of the male. He has to represent stability. Otherwise, who will protect the mother and the baby?» (Int. 1p, Feb. 2015).

3.1 Father, fatherhood, fathering

The distinction between biological and social father and the tendency of society to support the former is embedded in the concept of “father”. If fathers are seen in relation to mothers and children, and as part of the social structure, fatherhood can be seen as a cultural code for men as fathers, and this has to do with the rights, duties and responsibilities they have. Therefore, as pointed out by Hobson and Morgan (2002), the concept of father is also embedded in other terms such as *father* (father in the biological

sense), *fatherhood* (social fatherhood) and *fathering* (paternal care). In short, the simplest question that can be asked is: what makes men fathers? (Lombardi 2017)

For centuries, Western Christian culture has built an image of the woman as mother, both intrinsically and naturally, separated from a belated social paternity. However, given the changes happened in modern and post-modern society and the focus on secular approaches to parenthood, nowadays regulated by legislation, policies, duties, and rights, who is the father now? What process leads to such a status? (Lorber 1994). Our interviews to midwives and questionnaires to fathers highlight both “natural” and social aspects of fatherhood, which mirror the most recent changes in fatherhood and parenting. The following narratives point out the amazement of a midwife and the emotion of a healthcare professional:

It is not true that men are not dads. Men are dads too, they can be sweet, and they touch you, sometimes more than mums do. They are delicate with their baby in their arms, they are emotional during delivery, they say “I did not know my baby would come out of my wife like this”, they are amazed of a beautiful amazement. It is good to see that a man is a dad too (Int. 3p, Feb. 2015).

Among all the 32,000 men I have met in my professional career, I have one whose memory I still cherish: he said, “even if he is not the product of my sperm, he still remains my son because I will take care of him, indeed I will”. He did not resort to his sense of duty but to his sense of pure relationship. This moved me a lot. (Int. 4g, Feb. 2015).

The change in the concept and practice of fatherhood is expressed by the midwives through images of fathers who take care of their babies: «I see them walking around with their wristband carrying their baby in their arms, which is an image usually related to women. [...] Among other things, nowadays dads are more present» (Int. 6m, Feb. 2015).

The reflections of the younger midwives seem to close the loop, connecting and giving continuity to the concepts of *father*, *fatherhood* and *fathering*:

I think it [fatherhood] is a concept that goes beyond being the biological father. It is a sense of their own identity and awareness of having the responsibility of a child and to live it with joy and consciousness. It means accepting good and bad aspects of this event and being aware that it will be forever (Int. 6m, Feb. 2015).

And what is motherhood? (Interviewer): the young midwife maintains «I would say exactly the same thing» (Int. 6m, Feb. 2015).

4. After the delivery room. Relationships and changes

Another question we asked above concerns the impact of men's participation in the delivery and childbirth on the couple's relationship, on the construction of parenthood and on the relationship with their children.

Despite the perplexity shown by some experts (Odent 2015) and non-experts (Di Pietro 2010) on the benefits of men's involvement in the delivery room, 80% of the male interviewees in Fondazione Policlinico Hospital⁷ says there has been no change in the relationship with their partner following childbirth. On the contrary, 20% confirms that they feel "different", but in a positive way. They use expressions such as:

- I respect her more (Q15, TEP, Jan. 2008).
- I admire her (Q22, TEP, Jan. 2008).
- Our relationship is now stronger (Q30, TEP, Jan. 2008).
- I am more understanding; I am grateful and feel a sense of responsibility (Q35, TEP, Feb. 2008).
- I am more relaxed seeing her more relaxed [and less in pain], although I see she is exhausted (Q41, TEP, Feb. 2008).
- She desperately needed my help and support. I have more respect for her (Q47, TEP, Jan. 2008).

7 Palladini E. (2008). See footnote 2.

We can therefore talk of a man-woman closeness that, on the one hand: «forces the woman into mediation, by taking into account his needs [the male's] which do not always coincide with her own» (Int. 1p, Feb. 2015) as the midwife explains. On the other hand, as another interviewee argues, it is the man who: «becomes closer to a feminine behaviour which is intense [...]. He has access to a world which has always been somewhat secret, in some way he becomes feminine» (Int. 4g, Feb. 2015).

All our female interviewees believe the participation in the delivery process facilitates the father-child relationship and accelerates the process of responsibility and care, arguing that:

After all it is the fathers who look after the children more, I see this as a good thing (Int. 1p, Feb. 2015.)

I believe it facilitates the relationship with their child, hence fatherhood, so this is good. I must say I am in favour of this. I do not think this is an experience that would be better undergone by the woman with her partner outside the delivery room. (Int. 2m, Feb. 2015).

5. Remarks and perspectives

The results of the study described in this article show that many changes have taken place in the Italian society in terms of gender relationships, fatherhood awareness, male participation and involvement at birth, and of father and children relationships. The study shows that the involvement of men and fathers in pregnancy and childbirth represents a fundamental change of direction aimed at building equal relationships between gender and generations (Lombardi 2017).

However, there are also some critical issues relating to men and childbirth. First of all: 1) the physical and emotional space of the father in the delivery room, which is not always and not everywhere adequate; 2) the lack of time to reflect and share the childbirth experience with other men and fathers; 3) the lack of dedicated paths

specifically reserved to fathers after the birth. With regard to the first issue, here is a very eloquent story by a young midwife:

I was still a student and a somewhat embarrassed dad did not know what to do to help. He remained behind his partner during labour and suddenly the baby popped out. A successful delivery, mum and baby were fine. All of a sudden, we looked for the dad and we could not find him: he lost consciousness and he was stuck between the bed and the basin – no one had noticed him [...] I felt bad that we had not noticed someone fading. And he was mocked and I felt uneasy. During delivery the midwife, the gynaecologist and the nurse were all there. He was invisible [...] I have often seen men being made part of the birth event. I think the man should be considered as a resource in the delivery room and not as someone who does not understand, who speaks inappropriately, who does things he should not do, rather the opposite (Int. 6m, Feb. 2015).

This means that there is a lack of continuity between pregnancy and childbirth and that there is a need to involve men throughout pregnancy, not just at birth: all along their partner's pregnancy, men can start to understand the changes that occur in her body and her moods. Which, hence, is the role of the healthcare professional in this context?

We need to involve men in all the stages of the pregnancy, childbirth and post-partum and not make them feel as if pregnancy only “belonged” to the woman, and that they are there only to help in the material sense. We must develop and “enhance” their skills [...] In my opinion it is a source of pride for fathers to feel valued in such an important moment and this also helps them to get used to their new role (Int. 5c, Feb. 2015).

The idea of having spaces for men “in labour” is a recurrent one among all midwives interviewed, who tell us about experimental projects already in existence. Such projects, where launched, have already been abandoned due to the lack of funds and/or practical problems, such as the need to keep these spaces open until late to allow fathers to be there after work.

Dads' network groups would be very useful for sharing experience and supporting each other, for the same reasons that discussion groups benefit women. Nowadays, men are definitely more willing to go down this route (Int. 2m, Feb. 2015).

In agreement with several scholars, we think «it is time for a reappraisal and a more nuanced response to men as reproductive actors» (Hinton and Miller 2013, 250). Drawing on this perspective, we believe men should be more closely involved in the reproductive process. This comprises offering «services that provide spaces to share fears and concerns and express emotions and vulnerability, without the fear of being “punished” because of being male, but also, greater attention to the investigation of the meanings that men themselves attribute to their involvement» (Lombardi 2015, 172).

We would like to conclude on a positive note for the future, quoting a young midwife:

More and more men (need to be) involved in the entire cycle, from pregnancy to after-birth. This is my hope. There are paternity leaves and workplace nurseries where men can take their babies. I think there is a push towards opening this world to men (Int. 6m, Feb. 2015).

References

- Basili, F., Di Rosa, A., Montorio, V. e Tamburini, C. (2014), *CeDAP - Certificato di assistenza al parto. Analisi dell'evento nascita - Anno 2014*, Roma, Direzione Generale della Digitalizzazione, del Sistema Informativo Sanitario e della Statistica – Ufficio di statistica
- Colombo, G., Pizzini, F. e Regalia, A. (1987), *Mettere al Mondo*, Milano, FrancoAngeli.
- Davis Floyd, R.E. e Sargent, C.F. (1997), *Childbirth and Authoritative Knowledge*, Berkely and Los Angeles, University of California Press.

- Di Pietro, A. (2010), Sala parto: Uomini fuori?, in «GIOIA», 27 settembre - <https://alessandradipietro.it/2010/09/27/sala-parto-uomini-fuori/> (consultato il 15 luglio 2016)
- Hinton, L. e Miller, T. (2013), Mapping Men's Anticipations and Experiences in the *Reproductive Realm: (in)Fertility Journeys*, in «Reproductive BioMedicine Online» n. 27, pp. 244– 252.
- Hobson, B. (ed. by) (2002), *Making Men into Fathers. Men, Masculinity and Social Politics of Fatherhood*, Cambridge, Cambridge University Press.
- ISTAT (2014), *Rapporto annuale*, Roma, Istituto Nazionale di Statistica.
- Jordan, B. (1984), *La nascita in quattro culture*, Milano, Emme Edizioni.
- Jordan, B. (1985), “Sistemi natali ed etno-ostetricia: frammenti di una ricerca transculturale”, in AA.VV. (a cura di), *Le culture del parto*, Milano, Feltrinelli, pp. 73-84.
- Lauria, L., e altri. (2012), “Le indagini sul percorso nascita”, in Lauria, L., Lamberti, A., Buoncristiano, M., Bonciani, M. e Andreozzi, S. (a cura di), *Percorso nascita: promozione e valutazione della qualità di modelli operativi. Le indagini del 2008-2009 e del 2010-2011*. Roma, Istituto Superiore di Sanità. Rapporti ISTISAN 12/39, pp. 25-78.
- Lombardi, L. (2017), “Percorsi maschili di preparazione al parto: dai corsi di accompagnamento alla nascita alla sala parto”, in Ruspini, E., Inghilleri, M. e Pecorelli, V. (a cura di), *Diventare padri nel terzo millennio*, Milano, FrancoAngeli, pp. 69-95.
- Lombardi, L. (2015), “Sessualità (maschile) e medicalizzazione della riproduzione: un processo di rimozione?”, in Ferrero Camoletto, R. e Bertone, C. (a cura di), *Le fragilità del sesso forte. Come medicalizzare la maschilità*, Milano, Mimesis, pp. 156-172.
- Lombardi, L. (2013a), “Le sfide sociali della procreazione assistita. Come mutano le relazioni di genere?”, in Lombardi, L. e De Zordo, S., *La procreazione medicalmente assistita e le sue sfide. Generi, tecnologie e disuguaglianze*, Milano, FrancoAngeli, pp. 31-51.

- Lombardi, L. (2013b), “Approccio bio-socio-culturale alla nascita”, in Costantini, W. e Calistri, D. (a cura di), *OSTETRICA. Le basi scientifico-culturali* (Libro I), Padova, Piccin, pp. 1641-1647.
- Lombardi, L. (2013c), “Lo spazio nei reparti di maternità”, in Costantini, W. e Calistri, D. (a cura di), *OSTETRICA. La patologia in ostetricia e ginecologia* (Libro III), Padova, Piccin, pp. 1025-1027.
- Lombardi, L. (2008), “Relazioni familiari e mutamento sociale”, in Bissacco, D., Dallanegra, P., (a cura di), *Difendere i legami familiari*, Milano, FrancoAngeli, pp. 25-48.
- Lombardi, L. (2005), *Società culture e differenze di genere. Percorsi migratori e stati di salute*, Milano, FrancoAngeli.
- Lorber, J. (ed. by) (1994), *Paradox of Gender*, London, Yale University Press.
- Oakley, A. (1984), *The Captured Womb: a History of the Medical Care of Medical Women*, Oxford, Basil Blackwell.
- Odent, M. (2015), *Nascere nell'era della plastica*, Firenze, Terra Nuova Edizioni.
- Pizzini, F., (in collaborazione con Lombardi, L.) (1999), *Corpo medico e corpo femminile*, Milano, FrancoAngeli.
- Ruspini, E. (2013), *Diversity in Family Life. Gender, Relationships and Social Change*, Bristol, The Policy Press.
- Van Gennepe, A. (2012), *I riti di passaggio*, Torino, Bollati Boringhieri.
- WHO (1985), *Having a Baby in Europe*, Copenhagen, Regional Office for Europe.

Appendix – Interviews and Questionnaires

Label	Profession	Workplace	Date
1p	Midwife	Assoc. “La Lunanuova”, Milan	February 2015
2m	Midwife	Family Healthcare Centre, Milan	February 2015
3p	Midwife	Fondazione Policlinico H., Milan	February 2015
4g	Eutonist	Freelance	February 2015
5c	Midwife	Fondazione Policlinico H., Milan	February 2015
6m	Midwife	Fondazione Policlinico H., Milan	February 2015

Tab. 1. In-depth interviews aim at midwives and healthcare professionals

Label	Who	Where	Date
Q5, TMG	A man assisting in childbirth	Ospedale dei bambini “V. Buzzi” - Milan	September 2011
Q12, TMG	A man assisting in childbirth	Ospedale dei bambini “V. Buzzi” - Milan	September 2011
Q15, TEP	A man assisting in childbirth	Fondazione Policlinico H., Milan	January 2008
Q22, TEP	A man assisting in childbirth	Fondazione Policlinico H., Milan	January 2008
Q30, TEP	A man assisting in childbirth	Fondazione Policlinico H., Milan	January 2008
Q35, TEP	A man assisting in childbirth	Fondazione Policlinico H., Milan	February 2008
Q41, TEP	A man assisting in childbirth	Fondazione Policlinico H., Milan	February 2008
Q47, TEP	A man assisting in childbirth	Fondazione Policlinico H., Milan	February 2008

Tab. 2. Questionnaires aim at fathers assisting the birth