

An Expectant Father Is as Much A Stakeholder in Antenatal Care as An Expectant Mother Is

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Abstract—This paper studies the transfiguration of pregnancy, the significance of complete quality antenatal care (ANCq), how important is it for the health of both mother and fetus and also why men should also be involved in ANC. Pregnancy is neither a disease, not an infection nor a disorder but is a special condition that has to be under medical watch right from the confirmation of pregnancy to childbirth. Complete quality antenatal care should involve the periodical interventions of an obstetrician, such as physical examinations, and screening tests to check the vertically transmittable infections in the mother and congenital abnormalities in the fetus. ANC also involves social, emotional and psychological support to the expectant mothers. Further, gravidity and parity should be taken into consideration while prescribing antenatal care, because these phenomena indicate the threshold of the women. Further, antenatal care should be equally directed at safeguarding the health of the mother and the well-being of the fetus. Most importantly, the involvement of expectant fathers in antenatal care should be considered mandatory to improve the pregnancy outcome or even to prepare them mentally for any untoward progression or termination of pregnancy. All the socioeconomic barriers for this active involvement of men in antenatal care should be addressed while framing the guidelines for engaging the couple in ANC.

Index Terms—Antenatal Care, Maternal Care, Obstetric Care, Pregnancy Care, ANCq, Pregnancy Screening, Gravidity, Parity, Expectant Mothers, Expectant Fathers, Paternal Counselling, Down's Syndrome, Edwards' Syndrome and Patau's Syndrome, Sickle Cell Anaemia, Thalassaemia, Haemoglobin Disorders, Urinary Incontinence, Fetal Growth Restriction (FGR), Neural Tube Defects (NTDs), Intra-Uterine Growth Retardation (IUGR), Premature Birth, Stillbirth, Low Birth Weight.

I. PREGNANCY AND TRANSFIGURATION

Pregnancy is not a disease, even though there is a deviation from the normal structural and functional

state of a woman, associated with certain clinical signs like nausea and vomiting. Pregnancy is not an infection, even though there is an intrusion into the woman's body by a man's gamete that forms half of the foetus' genetic material, yet there is no recruitment of immune cells at the site of embryo implantation, hence no rejection (1). Pregnancy is not a disorder, even though it causes significant difficulty and distress with certain gestational discomforts like diabetes and hypertension. The child in the mother's womb is neither a parasite to set the infection in nor a tumour to alter the mother's general body metabolism. but is a special condition that has to be under medical watch. Pregnancy, even if normal is a condition that requires obstetric care from an expert to manage the physio-anatomical progression, delivery and postpartum periods. The interventions of an obstetrician and maybe the doctors of other specialities are warranted in case of complicated pregnancies. Antenatal care, also known as prenatal care is a form of preventive care through periodical medical checkups that involve physical examinations, pelvic examination, doppler fetal heart rate monitoring, obstetric ultrasounds and treatment for common and uncommon pregnancy-related discomforts. ANC also involves certain screening for infectious diseases like hepatitis B, HIV and syphilis, some possible inherited conditions like sickle cell, thalassaemia and other haemoglobin disorders, Down's syndrome, Edwards' syndrome and Patau's syndrome. Besides various medical and physical examinations, ANC also involves social, emotional and psychological support for a safe and enjoyable journey of pregnancy and childbirth.

II. THE GRAVIDITY AND PARITY

Gravidity is the number of total pregnancies including terminated pregnancies, miscarriages, stillbirths and live births of a woman, and Parity is the number of still

and live births of a woman. Both Gravidity and Parity which are the part of pregnancy history of the women in the obstetric record have a significant connotation in antenatal care because the level of care to be given or the extent of their understanding of the care depends on Gravidity and Parity. The pregnant woman who already had a previous history of pregnancy or pregnancies, be they terminated, miscarriages, stillbirths or live births is aware of the importance of quality antenatal care to safeguard her current pregnancy. Gravidity and parity of the pregnant woman are used by obstetricians or healthcare workers to predict potential risks and complications during pregnancy and to guide decisions about antenatal care. Pregnancy is such a state of event that even those women who had the pregnancies earlier might experience the unexpected in every episode of pregnancy, and the women may experience new discomforts that were not there during their earlier pregnancies. This could be attributable to advancing age, more familial responsibilities, social obligations and other parallel or age-related medical conditions of cardiovascular, immune, and endocrine systems (2). Even some specific medical conditions like urinary incontinence are also associated with high parity women causing pregnancy discomforts and deterioration of women's quality of life (3). High-parity women may have difficulty coping with the stress of having a new baby in addition to caring for their other children, which can increase their risk for antenatal depression (4). Thus, pregnant women with high gravidity and parity should be dealt with more caution during antenatal care.

III. VIGOUR FOR MOTHER AND RIGOUR FOR BABY

Antenatal care, also known as maternity care, monitors the pregnant woman and her baby for any existing or potential abnormal pregnancy discomforts as the pregnancy progresses, until the delivery of the baby. Obstetric support, disease prevention, family planning and emotional support from the major parts of quality antenatal care. In obstetric support, pregnant women get information about pregnancy and birth, common and uncommon pregnancy discomforts, treatment for discomforts when medical intervention is required, and continuous monitoring of the health condition of both mother and baby. In disease prevention, ANC can

help detect and prevent diseases, such as anemia, infections, and genetic disorders. Antenatal care provides information about healthy lifestyle choices, such as proper nutrition and exercise. This can help the mother make informed decisions that promote the health of the baby (5). Antenatal care provides information about healthy lifestyle choices and proper nutrition. This can help the mother get the nutrients she needs while managing weight gain. Antenatal care includes ultrasounds and other tests to track the baby's growth and position in the uterus. This helps healthcare providers detect abnormalities and ensure the baby is developing properly. Early detection of issues allows healthcare providers to intervene or refer the mother to a specialist. This can help ensure the best possible outcomes for the baby. Periodical screening for risk factors, treatment for gestational hypertension and diabetes, immunization against tetanus, HIV testing and medications for mothers help babies have healthy growth. The timely intervention of an obstetrician or a health worker with proper antenatal care can timely detect the possibility of fetal growth restriction (FGR), neural tube defects (NTDs), intra-uterine growth retardation (IUGR), premature birth, and stillbirth (6). While these are not always preventable, a timely intervention can lower the risk. As fetal growth demands more nutrients than just more food, proper antenatal care can guide the pregnant woman to consume a balanced diet so that the pregnant woman can access the proper micronutrient supplementation through antenatal care. On the other hand, the foetus needs to have rigorous growth that can be possible only with proper obstetric guidance and prescribed full-quality antenatal care. Thus, antenatal care is vigour for the mother and rigour for the baby.

IV. REQUISITE FOR MOTHER AND PREREQUISITE FOR FATHER

After impregnation, biologically it is the expectant mother who carries the subsequent journey of pregnancy and childbirth. However, expectant fathers' involvement in antenatal care can have many benefits for the mother, baby, and family, such as improved health outcomes, better child development, improved maternal well-being, and improved couple relationships. Some men may attend ANC to support their partners emotionally, physically, and financially. However, some men may believe that ANC is strictly

for the pregnant woman. In some traditions, social norms prevent women from asking their partners to attend. Sometimes, men may feel shy sitting among women at the clinic, and take part in discussion with the doctor while their pregnant women are being examined. In most cases, the healthcare setting does not have the right human resources to engage men in separate paternal sessions.

In European countries where most families are isolated, the husband accompanies the pregnant wife for obstetric care, but may not necessarily attend the counselling during antenatal care. In African countries, traditional cultures have viewed maternal and child healthcare as a woman's domain, and fathers are often excluded from ANC. However, some African countries and communities have made efforts to increase male engagement (7). In countries like Papua and Guinea, the National Sexual & Reproductive Health Policy advocates for expectant fathers' involvement in ANC, but in practice, most fathers don't attend (8). In India, men usually do not attend antenatal care sessions with their pregnant wives because they are unclear on their role in the pregnancy and childbirth of their women. In some cases, there are social barriers that prevent men from attending the obstetric visits of their women. A study in India found that non-Hindus and those belonging to SC/ST (Schedule Caste/Scheduled Tribe) castes were less likely to accompany their wives for antenatal care (9).

Financial constraints, long waiting times in health centres, and not being allowed in check-up rooms are some reasons why men do not join antenatal care. Moreover, in most of the traditional marriages in India, pregnant women, most the first-timers prefer to go to their maternal house for a delivery and most of the time the person accompanying such women would be her mother or some other lady in the house. There is a shift happening in urban areas where the expectant father too attends the maternal sessions. However, in rural India, this phenomenon has not yet started. Active involvement of expectant fathers in maternal care can help reduce the risk of preterm birth, low birth weight, and fetal growth restriction. They can also help mothers receive appropriate medical care (10). An expectant father can help reduce maternal negative health behaviours and stress through emotional, logistical, and financial support (11).

Psychoeducational interventions that target both pregnant women and their partners can improve the couples' relationship satisfaction (12). During labor and delivery, fathers can support and comfort their partner, coach, advocate, and take some of the burdens of the person in labor (13).

Further, after childbirth, the father's involvement in their upbringing helps the children grow greater physically and mentally with higher self-confidence, and do better in their academics. They also tend to be more social and have fewer behavioural problems. However, men accompanying their pregnant wives to antenatal care or obstetric care is not that common in many parts of the world, unless the couple is living in a nuclear family. Thus, antenatal care is a requisite for expectant mothers and a prerequisite for expectant fathers.

V. CONCLUSION

It is evident from multiple studies that the participation of expectant fathers in antenatal care maternal care or obstetric care is very minimal in urban areas and it is almost nil in rural areas. It is very essential to make it mandatory for men to necessarily take part in antenatal care to ensure that their pregnant women feel comfortable and secure psychologically. There should be a prescription of code of conduct for expectant fathers on how to handle emergencies till they get the women to a nearby obstetrician or health centre. This basic training can potentially reduce the health hazards of pregnant women so that overall maternal and fetal mortality can be minimized. Men should also be taught about the safe sexual distance to be maintained from their spouse during the pregnancy, and also not expose their women to passive smoking or drinking. For working men, the government should bring in a law to ensure that the expectant fathers get the required break from their work to attend to their pregnant wives, in case of emergency. Men should also be taught about possible risks involved in excessive physical or emotional exertions in their pregnant wives. There should be a strict nutritional plan to be executed for the expectant mothers by expectant fathers.

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