



Husband Natal Care: Concept to Reduced Maternal and Perinatal Morbidity and Mortality, Nigeria's View Point

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LETTER TO THE EDITOR

With the evolving challenges in reproductive health there is the need to modify the concept of ante natal care to involve men in the traditional or original plan of antenatal or prenatal care.¹⁻⁴ This concept of **"Husband natal Care"** will help address the rising Maternal Mortality Ratio (MMR) and Perinatal Mortality Ratio (PMR) in the developing countries in the developing countries of the world from Nigeria's view point.³⁻¹⁰ In addition, other reproductive needs of women including family planning will be addressed. If this concept of actively involving men in ante natal care is well structured, then maternal and perinatal mortality ratio especially in the developing countries of the world will be reduced drastically using Nigeria as a model.^{1,2}

For a better understanding of the concept of "husband natal care" five(5) basic areas will be addressed with respect to ante natal visits of the

pregnant woman at 8 to 12 weeks, 24 – 28 weeks and 36 – 38 weeks, labour and puerperium.^{1,3-5}

During the 8 – 12 weeks period, taking into consideration the recommended booking period by the world health organization.⁵⁻¹⁰ At this visit the husband and her spouse (pregnant women) are counseled on the journey of antenatal care which entails what to expect, the challenges that may occur, importance of compliance with routine antenatal medications for tropical countries like Nigeria.^{1,2} In addition, emphasis are also made with respect to preventive measures to tropical diseases such as malaria and tetanus by ensuring that intermittent Preventive Treatment (IPT) pyrimethamine-sulphadoxine is given to ante natal mothers in line with WHO recommendation as well as tetanus toxoid injection.¹⁻⁶

Furthermore, the husband is advised to encourage his wife – the pregnant mother to carry out her routine ante natal investigations such as packed cell volume – to check for anaemia, retroviral screening to rule out infections, hepatitis B and C antigen and anti-

body to screen for hepatitis B and C viral infections, venereal disease research laboratory test to screen for venereal diseases.²⁻⁵ At this visit the importance of exercise for exercise pregnant woman is emphasized of at least 20minutes a day for 5days a week, adequate rest and nutrition in pregnancy by eating balanced diet.⁸ Also at this visit the pregnancy is classified into high risk and low risk based on previous histories of delivery – abdominal or vaginal, multiple gestations, underlying medical conditions such as diabetes mellitus, hypertension or any other medical conditions.⁸⁻¹²

At 24 – 28weeks, the husband and pregnant spouse are educated on the importance of birth preparedness and complication readiness.⁵⁻⁸ The husband is counseled to bring her pregnant spouse to the hospital in cases of emergencies – ante partum haemorrhage (abruption placenta and placenta praevia). Compliance with routine ante natal medications and visits are emphasized as well as maintaining a healthy life style.¹¹ This visit also creates an avenue to strengthen the relationship between the husband, her pregnant spouse and the obstetrician.⁴⁻¹²

For the 36 – 38 visit: the husband and her pregnant spouse – should be reminded of signs of labour, important instructions by the obstetrician such as previous caesarean section(s), previous myomectomy, her “Rhesus factor” if she is Rhesus negative, diabetic, hypertensive or any co-existing medical condition.⁴⁻¹² If need for induction of labour or elective caesarean section, husbands and pregnant spouses should be allowed to participate in the management of the index pregnancy based on informed consent and counseling.

- In labour men should be involved in labour processes as research have shown that the presence of relatives helps to alleviate pain in labour and offer psychological support.
- At the post-natal visit the presence of the husband/father will create relaxed environment for the father, mother and baby to addresses issues of reproductive health as it relates to family planning which entails child spacing, when is the best time to get pregnant and to be reminded on the number of children to have in other to adequately take care of the family.¹³

The whole idea for men to accompany their wives for antenatal care basically is to provide psychological, emotional, financial support and to help her pregnant spouse carry the baby to term and deliver a healthy baby to a contented mother and father. In addition the husband should encourage his spouse to take informed decisions on her reproductive health including family planning option of he/their choice.

Furthermore, “the husband natal care” will also create enabling environment for husbands and pregnant spouse to address the challenges of violence against women in pregnancy and beyond.

The basic physiology of pregnancy will be well understood by the husband, thus reducing undue

pressure on the woman which cuts across religious, social, culture, economic and financial needs of the family.

CONCLUSION

By the adoption of this model of “husband natal care” the challenges of maternal and perinatal morbidity and mortality will be reduced especially in the developing countries of the world using “Nigeria” as a case study. We the authors thus recommend that husbands should attend antenatal visit atleast three times, labour and post-natal visit.

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