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FAMILY HEALTH A “SINE QUA NON” TO EFFECTIVE MATERNAL AND CHILD HEALTH CARE.

Obi Ihuoma. A, Chinweuba A and EZE, C.N..

ABSTRACT

This article discusses the family health as a “sine qua non” to effective maternal and child health care. Family is defined as a group of people living together united by blood, marriage, birth or adoption with a common goal. There are different types of families and these include but not limited to Nuclear family, Extended family, Single-parent family and Blended family. The concept of family care entails that individual is entitled to receive his/her own care according to the demand of his/her body and state of health. In the expectant family every pregnant mother is expected to receive antenatal, intranatal and postnatal care. A pregnant mother maybe faced with series of health challenges such as financial and social problems which may cause stress, depression and eventually lead to hypertension. She should not be allowed to carry the burden alone, but supported by the husband and other significant family members to ensure that this woman is not weighed down by these challenges. The expectant family care is regarded as “sine qua non” to effective maternal and child health care because the family members and the skilled health care providers as roles to play during the whole period of a woman's pregnancy, labour and puerperium. The nurse/midwife should inculcate the values of empathy and compassionate care, communication skill, Critical thinking, psychomotor skill, applied therapeutics etc to meet patients physical, social, emotional and spiritual needs. In conclusion, it should be noted that shared parenting is an important factor that enhances survival of family members and the society at large.

Keywords: Family Health; Sine Qua Non”; Maternal and Child Health Care.

INTRODUCTION

The term family refers to a group of people living together and united by blood, marriage, birth or adoption. The members of a family usually have a common goal. The family is said to be the nucleus of the society, meaning that every society start with a family. What a society is today is a continuation of what the family is, which can be a nuclear, extended or alternative family. As documented in Cambridge online dictionary, an expectant family is one in which the woman is pregnant and has not yet delivered the child. Expectant family is a family that is made up of a pregnant mother, father and children or a child (depending on the number of children the couple have). Such a family is expecting the birth of a new member. Any care meant for that family should include the unborn child. Every member of this expectant family has a specific care meant for him or her including care to the unborn child and preparation to receive him in the family. It is when every member of the nuclear or extended family receives his or her appropriate care that the family will be in order. According to National Primary Health care Development Agency, (NPHCDA, 2010), good quality care of the mother during pregnancy, delivery and post-delivery is the key for the survival of both mother and child. When this happens, the father and other members of the family will equally be in good emotional state, hence the survival of the entire family. This shows that the care among the members of a family is an inseparable dyad.

When a woman is pregnant, she is likely to experience one problem or the other. Due to hormonal changes in her body, she may

experience depression, anxiety, osteoporosis due to softening of bones and ligaments or even develop uterine growth and reproductive malignancies. Women and children belong to vulnerable group with limited access to health care due to inability to pay for the services. Lack of access to prenatal care is a serious issue facing women in developing countries. Some women may start antenatal clinic in their first trimester but will not continue in the second trimester just because of lack of money either for transport or to pay for series of laboratory investigations meant for them. This therefore explains why the husband and other family members of a pregnant mother will give her support including physical, social, financial and moral support. The husband and significant others are encouraged to participate in health talks, child birth education and parenting classes. In family centered care, a woman in labour is not managed in isolation; during labour, the husband and parents of the woman, sibling and other relations are expected to be present.

A research by Berret and Robinson (1982) shows that young fathers maintain positive relationship and contact with their expectant wives and desired to participate in the naming of the child and to meet certain responsibilities towards mother and baby. It is therefore recommended that mothers should encourage the fathers of their children by involving them in child rearing activities. Expectant family care being a “sinequanon” to effective care in maternal and child health indicates that effective care of the mother and child cannot be achieved unless the entire family members are involved and are cared for. The term “Sine qua non” is a Latin term meaning 'without which not'. This in actual sense means something absolutely inseparable or without X, Y will not be possible. Otherwise, it means something that is very important in achieving something else. In the case of the assignment at hand, expectant family care is

very important in the discharge of effective MCH care. It also shows that expectant family care is a prerequisite for effective MCH care.

The care of mother and child cannot be separated from the care of the entire family. Before now men are largely excluded from consideration in the reproductive and childbearing process. Following societal changes, women's movements and economic changes which necessitated women employment outside the home, men are being involved in child parenting and other house hold responsibilities. This is because shared parenting is an important factor that enhances survival of family members and the society at large.

OBJECTIVES:

The objectives of this research are to:

- examine the different types of families
- assess the concepts of expectant family
- identify the meaning of effective maternal and child health care
- determine the reason expectant family care is regarded as a “sine qua non” to effective maternal and child health care.

DIFFERENT TYPES OF FAMILIES

There are different types of families and these include but not limited to the following:

- **Nuclear family** – This is a family that is made up of the man, his wife and their dependable children. This family lives apart from their family of origin and is usually economically independent. This is an ideal family structure usually found in America and other developed countries.
- **Extended family** – This family is made up of the nuclear family and other blood relations living with them as one family. Examples of the blood relations are the

aunts, uncles, their old fathers or mothers and they may be together referred to as kins, (Lowdermilk, Perry & Bobak, 1997). These extended family members live together and provide supports to them. This type of family is mainly found in African countries such as Nigeria.

Other alternative types of families that came up as variations of the traditional nuclear and extended types are:

- **Single-parent family** – This may result from loss of a spouse by death, separation, divorce or individual's choice to own a child and be a parent, out-of-wedlock birth of a child, adoption etc.
- **Blended family** – This can also be termed combined, re-married or reconstituted family. The family includes father, mother, children and step children or step parents. Series of divorce, separations and re-marriages in Western countries and in some African countries give rise to this type of family. In this type of family, members tend to co-operate with one another to provide smooth running of this family activities and through creativity and flexibility, they can establish satisfying functions in this family.

THE CONCEPT OF EXPECTANT FAMILY

The Cambridge Online Dictionary defines expectant family as a family in which the mother is pregnant and has not yet delivered the baby. This family can be a nuclear family comprising the husband, pregnant wife and a child or children. It can also be an extended family as the case maybe. The concept of expectant family care entails that in an expectant family every individual is entitled to receive his/her own care according to the demand of his/her body and state of health. The pregnant mother should receive her antenatal, intranatal and postnatal care. She is faced with

series of health challenges as well as financial and social problems. These can cause her stress, depression and eventually lead to hypertension. She should not be allowed to carry the burden alone. The husband and other family members living with her should play their role to ensure that this woman is not weighed down by these challenges. However, the husband, the children and significant others living as one family should also receive their care and should not be totally left out.

The father receives support, appreciation, nutritional care and mutual relationship, while the children receive their nutritional care services, immunization and other health care as well as educational and hygienic service meant for them. According to Barret and Robinson (1982) most fathers would wish to maintain positive relationship with their expectant wives. Hakulinen (1999) found that expectant fathers complain of less stability in mutual relationship and would like to receive their own care even when their spouses are expecting. On the other hand the expectant mothers affirmed that some challenges strain in the family (especially as regards partner relationship) saying that more support from the fathers would improve mutuality and stability as less support brings about negative effect on the family standard and functioning.

EFFECTIVE MATERNAL AND CHILD HEALTHCARE

The term 'effective' simply means success in producing a desired result or outcome, something that is effective and works well. Effective nursing care generally means nursing care that produces a desired result. According to Goodwin College (2016), effective nursing care can be based on eight (8) core values of the nurse including:

- a. Empathy and compassionate care
- b. Communication skill

- c. Critical thinking
- d. Psychomotor skill
- e. Applied therapeutics
- f. Ethical and legal consideration
- g. Professionalism

In effective nursing care, the nurse should try to meet patient's physical, social, emotional and spiritual needs. The nurse should empower the patient towards actualizing his self-care. The nurse should possess the quality of showing empathy, giving compassionate care, advance her education and endeavour to achieve a high level outcome in her nursing cares.

In effective MCH care, the nurse/midwife should inculcate the eight (8) values of the nurse in her daily discharge of the maternal and child health care. The nurse/midwife is expected to offer evidence-based nursing care, listen and act fast when patient complains. Compassion is essential for nurses on their career path to success. The term compassion is simply defined as a deep awareness of the suffering of another person, coupled with the desire to relieve the sufferings. Compassionate care not only relieves patient's suffering, it involves the nurse/midwife entering into the patient's experience, enabling him to retain his independence and dignity while receiving nursing care, (Mill, 2017).

Maternal and child(MCH) nursing care should look into the various concepts of MCH such as reproductive Health (RH) and safe motherhood initiative (SMI).In the year 1994, there was a worldwide conference in Cairo-Egypt for population issues in the entire world and this brought about the birth of reproductive health (RH) concept in healthcare services. Following this conference and its resolutions, there is a paradigm shift in maternal and child health issues. Before this conference, the concern is on how to reduce population worldwide but with the resolutions of the world conference, the emphasis is placed on how to

take care of the human persons in the world. Adesokan (2010) affirms that there is also a paradigm shift from the traditional MCH care to reproductive health and rights. This points out that before the Cairo conference, emphasis is being laid on the care of mothers and children but with the birth of reproductive health (RH), men are brought into focus. However, despite the shift, MCH still occupies the major position in the components of reproductive health because of the vulnerability of mothers and children.

MCH care is a type of RH care given to the mothers mainly during pregnancy, intranatal and postnatal periods as well as care to children. The aim of this health care is to reduce to the barest minimum maternal and infant/child morbidities and mortalities.The ideal is that the health care given to the pregnant women should also be benefited by the entire family members including husband, siblings and the unborn child in-utero and other members of the family in case of extended family structure.

The health care to the childbearing women can be found in safe motherhood initiative (SMI) and RH.The safe motherhood initiative came up in health care in 1987.This initiative ensures that a mother receives care she needs to remain safe and healthy throughout pregnancy, childbirth and puerperal period. The effective care the woman receives positively affects her health, the health of unborn child and those of other family members. This is because if the mother is healthy, every other member of her family may also be healthy.

Reproductive health can be defined in relative to definition of health by the World Health Organization. It is seen as a state of complete physical, mental and social well being of an individual not merely the absence of disease and infirmity in all matters relating to the reproductive system, the functions and

processes. It aims at meeting individual's reproductive health needs in order to improve his/her health and life. Reproductive health issues and concerns are not for women of child bearing age alone, rather, it concerns both sexes and all age groups. It emphasizes the roles of information, education, community mobilization and participation, women empowerment and provision of quality care for all persons.

The components of reproductive health include the following:

1. Safe motherhood
2. Family planning information and services
3. Prevention/management of abortion complication and PAC
4. Adolescent reproductive health
5. Prevention and management of STI
6. Prevention/management of infertility and sexual dysfunctions
7. Discouragement/elimination of harmful practices
8. Male involvement and participation in RH issues
9. Cancer and reproductive tracts (male and female)
10. Management of andropause and menopause
11. Gender equity and equality.

Components of safe motherhood:

1. Family planning
2. Post abortion care(PAC)
3. Focused antenatal care
4. Clean/safe delivery
5. Post partum care
6. Essential obstetric care
7. Newborn care
8. STI/PMTCT
9. Skilled birth attendance
10. Male involvement

11. Health education
12. Primary health care
13. Supportive health system
14. Equity
15. Reproductive health right
16. Women education.

Why Expectant Family Care Is Regarded As “Sine Qua Non” To Effective Maternal And Child Health Care

When a woman becomes pregnant, the effect is borne by all the members of the expectant family. In as much as the main effect is on the pregnant mother, the husband and other family members are also affected in one way or the other. The family members co-operate to achieve successful family functions, a change in one family member affects all other family members and the family members together can create a balance and adapt to changes.

Behaviors of a family member usually affect other members. If the mother is pregnant the symptoms and the effect of pregnancy on her will equally affect the entire family. For instance, if she experiences early morning sickness characterized by nausea and vomiting, fever, tiredness and others, this will equally affect the husband and siblings, and other family members in one way or the other. As an example, the activities she usually performs in the morning will be left out because she is not healthy enough to carry them out. The husband may be worried about her health and will also tend to carry out the activities or other house chores meant for the wife. The children may go to school late and may even go without having their breakfast or putting snacks in their snack boxes. Expectant family members usually carry the burdens of the pregnancy together. The nurse also cares for all while caring for the pregnant mother. In other words, if the mother is healthy the entire family will equally partake in the good health and vice versa. If the mother

adheres to her focused antenatal care and remains healthy during her pregnancy, the good health will also positively affect other members of the family. As stated by Lowdermilk, et al (1997), pregnancy involves all the family members of the pregnant mother and each of her family members must adapt to the pregnancy in his or her own way. The nurse or midwife must be prepared to assist or care for the entire family if she must offer effective MCH care to the expectant mother.

Maternal adaptation to pregnancy: pregnancy represents a maturational crisis which is also rewarding as the woman prepares for a new level of caring and responsibilities. During this period her self-concept changes in readiness for parenthood. She reassesses her beliefs, values, priorities and relationships with others. Gradually she moves from being self-contained and independent to being committed to a life-long concern for another human being. She may reduce her relationship with her husband and establishes a stronger relationship with the unborn child. The husband's understanding is highly needed during this period and this will help her to achieve a successful outcome of the pregnancy. The pregnant woman may have ambivalent behaviors, that is, a state of simultaneously conflicting feelings such as loving the husband and hating him at the same time. The nurse endeavors to explain such behavior to the husband making him know that it is common with pregnancy in some women and will not continue like that. The husband's emotional support is very useful during this period and he too needs to be cared for by the nurse by giving him psychological support and explanations for the wife's behavior.

When the mother becomes pregnant, she is expected to receive effective nursing care throughout the period of pregnancy, labour and puerperium. For this care to yield expected outcome, it should also be targeted by other members of the family, be it nuclear or extended.

Antenatal care: this is the care given to the woman during the pregnancy period. She registers at antenatal clinic where there are skilled health workers. The nurses/midwives supervise her care during clinic activities. Such cares needed by her include assessment of general state of health, vital signs, history taking, abdominal examination and preparation for laboratory investigations.

Health education about pregnancy, labour and puerperium are commenced during this period and the husband is expected to visit with her at least once or twice. This will enable the man to participate in activities like health talks on some topics such as personal hygiene, rest and sleep during pregnancy, birth preparedness and complication readiness. The husband can be advised to offer her adequate companionship and encouragement during this period. According to Dick (2017), for nursing care to produce desired outcome, the nurse must proactively and effectively communicate the values of nursing care to the people concerned. Again for the nursing care to be effective during the antenatal period, the husband also needs to be cared for in such areas as his health care, nutritional care and maintenance of family roles. The children and other members of the family will be involved in care of this woman and will also receive their own care including nutritional care, immunization services, personal hygiene and school services.

Care during labour: The woman in labour is admitted for supervision and careful monitoring of the progress of the labour. This is done by the use of partograph by the skilled nurse/midwives. During this period the woman is encouraged and reminded of breathing exercises to ease off tension. The nurse shows empathy and compassion. According to Goodwin College (2016), empathy and compassionate care are qualities nurses use to render effective nursing care, saying that in a situation like this nurse/midwife can provide solid nursing care, listen and act when patient

complains. Compassionate care is not only about relieving suffering, it involves entering into the patient's experience enabling her to retain her independence and dignity while receiving nursing care. During the labour pain, the husband can be invited to help encourage his wife and show her compassion as this will help to reduce her pain. The presence of the husband during labour helps the nurses and midwives to achieve effective MCH nursing care. During labour also it is imperative for the nurse/midwife to implement birth plan as prepared during antenatal care. The husband can assist to implement what was planned in birth preparedness. For instance he can assist to bring the items needed for delivery of the baby.

Postnatal care: This is the period ranging from the delivery of placenta to about 6 weeks post-delivery. This period is characterized by lochia drainage, involution of the uterus, establishment of breast feeding/lactation and others. The woman needs effective nursing care and good nutrition during this period.

The nurse/midwife should institute:

- Regular check and record of vital signs
- Urine analysis especially if the blood pressure remains high after delivery
- Observation for oedema (paedal)
- Ensure normal lochia drainage
- Assessing the reduction of uterine size
- Inspect perineal pad to assess or rule out persistency in blood discharge
- Encourage personal hygiene especially perineal care
- In case of caesarean section, monitor vital signs more often.

In all these care, in as much as the nurses supervise them the woman needs her family members around to assist her and help to take care of the new born such as provision of enough warmth.

Implication to midwifery practice: The midwife has a lot to contribute to an expectant

family. Adequate assessment of the pregnant mother and teaching the couple about birth preparedness and complication readiness are the major roles of the midwife. Birth preparedness and complication readiness are among the factors that reduce maternal morbidity and mortalities. The care helps to prepare the pregnant mother prior to her delivery both physically, psychologically and financially. The husband, the children and other relations living with them in the family should be involved in the care of the woman and should equally be cared for. The midwives need to update their knowledge from time to time to be able to remain relevant to offer skilled nursing care services.

SUMMARY AND CONCLUSION

This paper examines the expectant family care being a sine qua non to effective MCH care. It considers sub topics such as types of family, concept of expectant family, effective MCH care and why expectant family is a sine qua non to effective MCH care. Expectant family care ensures that during the whole period of a woman's pregnancy, labour and puerperium, the woman will receive adequate care from the skilled health care providers and also receive enough assistance and support from the husband and other family members. The family members, including the newborn will as well receive their own care. This brings about good health of mind and body of all the family members. Notably, expecting a new-born is a period that should bring the couples together more than before. They prepare together to receive the new-born which is always a source of happiness in every family. If the family members are all healthy it brings joy to the expectant mother and it enhances successful pregnancy outcome and healthy puerperium and baby care.

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