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Abstract:
Unfamiliarity of the treating obstetricians with the husbands of the patients could affect the quality of care negatively and make difference in the overall maternal health and child birth. All efforts should be made so that husbands of the expectant mothers and their obstetricians get know each other. This extended cordial doctor-patient relationship would definitely help to have a better outcome in the child birth and labour.

Key words: husband of the expectant mother; obstetrician; unfamiliarity; child birth and labour; expectant father

Unfamiliar Expectant Father: Indian Obstetrician’s Achilles Heel!

It is possible that the treating obstetricians at the hometown of the expectant mothers may not be familiar with their husbands as they arrive only at the time of childbirth. This could be an important factor which could make the obstetrician’s job not only more difficult but also affect the overall maternal and child health.

In Indian tradition, it is a common custom that the lady goes to her parental place for of her first child birth. The expectant mother would visit her obstetrician quite religiously and regularly when she was at her husband’s place in the company her husband and complete all the formalities of antenatal care. In the late third trimester she would leave to her parental home following a ritual popularly known as ‘Baby Shower’ which also has several other nomenclatures like Bayakke; Simantha; Godbharaai etc. depending on the regional and ethnic background. At her maternal hometown, the expectant mother would approach the local obstetrician who is well known to her as well as her family for further management. Many a times the doctor would have been her mother’s obstetrician also. Thus, the lady would be at utmost ease and maintain good rapport with this new but very familiar obstetrician with good mutual understanding and trust. The husband of this primigravida though accompanied her during antenatal checkups back at his place of residence, find it difficult to accompany due to the distance factor.

The expectant father’s attendance at child birth is not universal in India unlike developed countries. The husband of the expectant mother would arrive only when she goes for labour giving very little opportunity for the obstetrician to interact with him. As the head of the family the male members are contacted by the obstetrician only when there are complications related to the child birth. In addition to the unfamiliarity, the husband would also be quite ignorant about the academic qualifications, experience, ability and reputation of the obstetrician. Researches have shown that [1,2] many of the husbands especially first-time fathers, lack knowledge about the birth, mode of delivery and other obstetric related matters. This limitation makes them feel helpless, suffer from anxiety, fear and discomfort while waiting outside the labour ward which is again a domain of women.[3] When the expectant father is summoned by the obstetrician to make decisions on the process of labour or update him regarding the possible complications that might arise during the course of childbirth, his unfamiliarity with the treating obstetrician could make him vulnerable to misunderstanding, mistrust. He being ill-informed and naive, could exhibit coercive behavior suggesting elective C-section or vice versa requesting for natural birth. Now, the obstetrician is at the mercy of this stranger who also happens to be the authorized person to make decisions regarding the child birth. Unreasonable and unnecessary request for a second opinion on the obstetrician’s professional decision on child birth could also may surface which could lead to unnecessary delay in obstetric intervention jeopardizing safety of maternal and child health. Few would demand in the last minute for cord blood banking which is a daunting task for the hospitals located at the semi-urban and small towns. The violation of the obstetrician’s professional autonomy could be the subject of contention and could boil down to the patient being referred to a higher center. Thus, there could be a complete disruption of the doctor-patient relationship unnecessarily. The patient’s parents’ despite of having enough trust and confidence in the ability of the obstetrician would find it difficult to challenge the decision of their son-in-law. Thus, expectant father’s unfamiliarity with the obstetrician could be an important factor hindering the appropriate clinical decisions and probably fit into
one of the three delays mentioned in the literature contributing to the maternal mortality. [4] In order to alleviate this factor, governments all over the world are coming out with unique strategies to encourage the husbands to accompany the wives during antenatal checkup and delivery so that they are quite familiar with the care givers as well as the child birth related events.[5] One way of achieving and encouraging the participation of the husband of the expectant mother is to give due priority to these couples in appointment with the doctor at the clinic or hospital as an incentive over those ladies who are not accompanied by their partners.[3]

The role of the husband in maternal health and child birth has been overlooked and neglected since long. All effort should be made to make the husband of the expectant mother familiar with the treating obstetrician, labour related issues, possible complications and his role in making timely medical decisions well in advance. Involving the husband at all levels of maternal and child care could prove to be of considerable benefit in the overall obstetric outcome. This extended doctor-patient relationship could also prove to be beneficial while making timely informed decisions related to childbirth and also to convince the family in case of untoward and unexpected events occurring during the child birth. The unfamiliarity of the obstetrician with the husband of the patient could turn out to be the single most factor for the potential medical negligence litigations if things don’t go as per plan.

References:


