

Caring for the unborn child

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Midwifery is as old as humanity and its main concerns are that of caring for the woman and her partner during the preconception period, the mother, partner and their unborn child during the pregnancy period, the mother, partner and their unborn child during labour and again the mother, partner child and their family during the postnatal period. Following an excellent exposition of social hazards that could be harmful not only to adults and children but also to the unborn child and how we midwives as health professionals could promote and support the unborn child by Ms Eva-Karin Envall. I will be focusing this closing address on challenges that our profession and society in general are facing in caring for the unborn child besides the social health hazards mentioned previously.

Primarily caring for the unborn child is not a new phenomenon and it does not fall under the sole responsibility of the mother, but also of the father, the family, health professionals such as midwives, obstetricians, doctors and society at large. I would like to substantiate this claim by quoting the scripture ... “The angel of the LORD appeared to her (*Manoah’s wife, Samson’s mother*) and said, ‘You are barren and childless, but you are going to become pregnant and give birth to a son. Now see to it that you drink no wine or other fermented drink and that you do not eat anything unclean.’” (Bible, Judges 13: 3-4). This quote was written thousands of years ago and yet as my previous speaker has aptly shown in both presentations it is still very much applicable to our times, if we want to care for the unborn child.

Caring for the unborn child gives hope to the future of society, which is being threatened from its very existence. In Malta, the fertility rate in 2008 stood at an unprecedented low rate of 1.4, which is far below replacement levels of 2.1, what it should be to reflect a healthy nation (Caruana, NSO, 2010).

According to the National Obstetric Information system, annual report of 2009, published in June earlier this year, out of a total of 4,112 deliveries, 1010, that is 24.6% of all deliveries occurred to mothers who were reported as never married, while another 150 deliveries, 3.7% were reported as being widowed, separated or divorced and six mothers did not have their marital status specified. Hence 28.3% of children are born in single parent households. Two hundred and seventy one, out of 4,112 deliveries, that is 7% occurred to mothers under 20 years of age. More than one in four of our children in Malta are being born out of wedlock. Why have I opened this argument in a seminar on the unborn child?

Single parenthood

From local Research by Tabone (1995) and more recently Abela and Tabone (2008), single parents' households are in greater danger of falling under the poverty line. In fact in Abela and Tabone's study about poverty and social exclusion, they quote NSO, (2007) saying that in Malta we have 14.9% of the Maltese population that falls below the poverty line and most of these are single parent households. How is the unborn child being cared for in such households? What could be the long term health effects on these children?

In a very recent study carried out by one of our undergraduate students, using a convenient sample of 30, 18 and 19 year old adolescent mothers, Agius, (2010) found that eight (27%) of the respondents claimed that the pregnancy was planned. On learning about the pregnancy, 10 out of 30 teenage mothers were afraid of the consequences, five were afraid of telling others and five were worried how to break the news to their parents. Three participants spoke of financial concerns, another two were concerned because of the difficulty in undertaking further education and another teenage mother showed concern for her child's future. Twenty six (87%) reported that they were in a relationship at four weeks postnatal period. I have to stress that this was a convenience sample, therefore, generalisation cannot be done, yet 30 teenage mothers amounts to 11% of the teenage mothers' population for 2009. Hence these findings need to be treated with respect. How have these pregnant mothers cared for their unborn child? Did they smoke, take alcohol,

take drugs? We have heard and seen pictures in our previous presentation on the long term effects of these social hazards. There is a great need for research on pregnant single parents in Malta. How do these new mothers take care of their health during pregnancy? How do they prepare for parenthood? And what happens to these mothers and their children within a few years following childbirth?

There is also paucity of research in Malta on teenage fathers. From qualitative study with adolescent fathers Borg Xuereb, Christian (2005), found that these fathers face great challenges in their adaptation to fatherhood and for accepting the fact that they were now responsible for their children. They also felt that society look at them as irresponsible persons. This impacted on their psychological and emotional well being. According to the fathers of this study they wanted to be responsible parents however, they themselves needed support and understanding in their adaptation to parenthood.

One may ask but how a man cares for his unborn child? We all know that the unborn child can hear and react to external stimuli. Therefore the child can hear both his mother and father and will react to their interventions such as stroking the mother's abdomen, talking softly to the baby, playing music etc. This will also influence the emotional well being of both parents and unborn child.

Emotional well-being

But does the emotional well being of the mother affect the unborn child? Both animal and human studies have shown that maternal stress or anxiety during pregnancy is associated with increased risk of disturbance in the unborn child neurodevelopment and behaviour (Sarkar, Bergman, O'Connor, & Glover, 2008). Talge, Neal, Glover and the early stress translational research (2007) reviewed a significant number of studies which found that if a mother is stressed while pregnant her child is substantially more likely to have emotional or cognitive problems including an increased risk of attentional deficit, hyperactivity, anxiety and language delay and these are independent of effects due to maternal postnatal depression and anxiety.

Moreover recent research is showing that antenatal depression could be as common as postnatal depression especially around the 32 week gestation period (see Stanley, Borthwick, & Macleod, 2006). Although I need to stress that further research is needed to clarify the many questions that are still unanswered, the implication of existing research is that interventions during pregnancy to reduce stress and anxiety in mothers and their partners could reduce the incidence of emotional and cognitive challenges later in the child. Nevertheless the efficacy of such interventions also needs to be explored.

The work-life balance

In the past years we have seen a dramatic change in the world of employment especially with regards to women. Until thirty years ago when we talked about gainful employment, we invariably thought about the father, as the sole breadwinner, who focuses on building a career with the aim of giving the best possibilities in life for his wife and children. On the other hand the women, used to work until they got married then took the role of homemakers. Women supported their husbands in their work and with the birth of the children, women assumed the responsibility of rearing children. Today a substantial number of women continue with their career after marriage and rightly so after spending so many years studying and aiming at attaining a respectable career of their choice. In my study (Borg Xuereb, 2008) on first time parents during their transition to parenthood, the more educated the woman was the more likely it was for her to return back to work following childbirth. Seventy one per cent of the pregnancies were planned while 29% were unplanned. At the time of becoming pregnant, out of 221 randomly selected couples, 29 women (13.1%) were full-time homemakers, while 192 women (86.9%) were in gainful employment during pregnancy. Of the 192 employed women, 66 (29.9%) were planning to terminate their employment sometime during their pregnancy. One hundred twenty six women (57%) planned to continue with their career.

Pregnant mothers are returning home from work, and instead of resting as one would expect to do after a day's work, they have to take on household responsibilities and to take care of the other children if any. In other words women return from gainful work to enter into the arena of another job, homemaker, which requires as much energy and is just as time consuming as their gainful world of work. And it is not easy to manage household work and be pregnant. What are the short and long term effects on the woman's physical and psychological health and that of her unborn child? How are the responsibilities of household work being divided between the spouses? What are the long effects of these changes in our culture?

On a positive note my study showed that Maltese fathers are very much conscious of their unborn child, and fathers take up more household responsibility during the pregnancy period, to an extent that they almost share equally the household tasks with their wives irrespective if the woman works or not. Nevertheless overseas research so far is not very encouraging. It was found that high levels of job strain during early pregnancy are associated with reduced birth weight and an increased risk for delivering a small for gestational age infant particularly if mothers work 32 or more hours per week (Vrijkotte, Van Der Wal, Eijdsen & Bonsel, 2009). Another study showed that fatigue during pregnancy in women even when the woman did not work outside the home predicted caesarean deliveries (Chien & Ko, 2003). Such results are pointing to the need to encourage women to consider their unborn child in their decision making concerning the amount of work and stress they undertake during their pregnancy.

Conclusion

A few years ago a national campaign was launched to raise awareness on the environment and global warming. Who have not heard about this today? We are all aware that if each person does his share we can enhance our environment. We have worked so hard as a global society towards this aim how could we not embark on what Sacks, in 1995 called 'an equivalent protest at the erosion of our human environment ... can we devote our energies to saving planet earth for the sake of future generations while

neglecting our own children who are our future generations?’ If there is one thing that we can change within our limits is the way we care for the unborn child. The way parents and society at large care for providing the optimum environment in which we sustain the unborn child to develop grow, become stronger and in the way we try to give him or her best possibilities for the future. We as midwives also have a responsibility of providing the best evidence based care and information in the creating of a better future to the mother, her partner and their unborn child. The value, the significance and the meaning of caring for the unborn child and the family will matter more in the future not less; given that the future of society depends on how we care for our children.

References

Abela, A. & Tabone, C. (2008). *Family Poverty and Social exclusion with a special emphasis on children*. Research on the Family Series no 1 Kummissjoni Nazzjonali Familja

Agius, J. (2010). Experiences of single teenage women during the first weeks following childbirth. Unpublished BSc. (Hons) dissertation, Midwifery Department, Faculty of Health Sciences, University of Malta.

Borg Xuereb, C. (2005). Single fatherhood: the other side of the coin. Unpublished B. Psy. (Hons) dissertation, Department of Psychology, Faculty of Education, University of Malta.

Borg Xuereb, R. (2008). *The needs of first-time parents during the transition to parenthood: implications for an adult education programme*. Thesis. Faculty of Education, University of Malta.

Caruana, C. NSO (2010). Social Benefits; a family perspective. Paper presented during a National Conference on the Family In Malta, 'Xejriet fil-familji Maltin – fatti u figuri' Phoenicia, Progettimpenn. 13th January NSO.

Li-Yin Chien & Yi-Li Ko. (2003) Fatigue during pregnancy predicts caesarean deliveries, *Journal of Advanced Nursing*, pp 487-94.

Sacks, J. (1995). *Community of Faith*. New York: Orion

Sacks, J. (1995). *Faith in the future*. New York: Darton, Longman & Todd Ltd.

Sarkar, P., Bergman, K., O'Connor, T.G., & Glover, V. (2008). Maternal antenatal anxiety and amniotic fluid cortisol and testosterone: possible implications for foetal programming. *Journal of Neuroendocrinology*. 20, 489-496

Stanley, N. Borthwick, R., Macleod, A., (2006). Antenatal depression: mothers' awareness and professional responses. *Primary health care research and development*, 7, 257-268.

Tabone, C. (1995) *Maltese families in transition: a sociological investigation*. St Venera, Malta: Ministry for social development.

Talge, N.M., Neal, C., Glover, V., and the Early stress translational research and Prevention science network: fetal and neonatal experience on child and adolescent mental health. (2007). Antenatal maternal stress and long-term effects on child neurodevelopment: how and why? *Journal of child psychology and psychiatry*, 48, 3/4, 245-261

Vrijkotte, T. G.M., Van Der Wal, M. F., Van Eijsden, M., & Bonsel, G, J. (2009), First-trimester Working conditions and birth-weight: a prospective cohort study. *American Journal of Public Health*. 99, 8, 1409-1416.