



# Husband's Support During Pregnancy & Labour And Its Effect On The Outcome Of Pregnancy: An Exploratory Study Among Postnatal Mothers In Alwar District.

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## Abstract

Husband support during pregnancy and labour plays a crucial role in improving maternal and neonatal health outcomes by enhancing antenatal care utilization, emotional well-being, birth preparedness, and timely healthcare-seeking behaviour. This exploratory quantitative study assessed the level of husband support during pregnancy and labour and examined its relationship with pregnancy outcomes among 100 postnatal mothers admitted in Selected Hospital, Alwar, Rajasthan. The study utilized a modified interview schedule comprising 31 items to assess husband support and a structured questionnaire consisting of 15 items to evaluate maternal and neonatal outcomes. The socio-demographic profile showed that most participants were aged 21–25 years (60%), belonged to joint families (66%), had secondary-level education (57%), lived in rural areas (73%), and had planned pregnancies (80%). Findings revealed that 53% of mothers reported moderate husband support, 45% reported high support, and only 2% reported low support. The mean husband support score was 91.33 (SD = 3.68). Similarly, 53% of mothers experienced good pregnancy outcomes, while 47% had average outcomes, with no participants reporting poor outcomes. The mean pregnancy outcome score was 27.94 (SD = 4.17). A statistically significant positive correlation was found between husband support and pregnancy outcomes ( $r = 0.78$ ), indicating that higher levels of husband involvement were associated with better maternal and neonatal outcomes. However, no significant association was observed between husband support and socio-demographic variables such as age, education, occupation, family income, parity, or type of pregnancy. The study highlights the significant contribution of husband support to positive pregnancy outcomes and underscores the importance of male participation in maternal healthcare. The findings suggest that healthcare professionals should encourage active husband involvement through targeted education, counselling, and family-centred maternity care programmes. Strengthening male participation in maternal health services may improve pregnancy outcomes and contribute to enhanced maternal and child health, particularly in resource-limited settings such as Rajasthan, India.

## Keywords

Husband support, pregnancy, labour, maternal health, neonatal outcomes, male involvement, postnatal mothers.

## Introduction

Maternal health remains a fundamental public health concern worldwide and is a key indicator of social development, healthcare quality, and gender equity. The well-being of women during pregnancy, childbirth, and the postpartum period has profound implications not only for maternal survival but also for neonatal health, family welfare, and societal progress. Despite significant advances in maternal

healthcare services, maternal and neonatal morbidity and mortality continue to pose major challenges, particularly in low- and middle-income countries. Pregnancy is a unique physiological and psychological transition in a woman's life. During this period, women experience substantial biological, emotional, social, and behavioural changes. These transformations can create physical discomfort, emotional stress, and vulnerability to mental health problems. Therefore, adequate support systems become crucial to ensure positive maternal adaptation and favourable pregnancy outcomes. Social support has long been recognized as an important determinant of maternal health. Among various sources of social support, husband support plays a particularly significant role in patriarchal societies where men often influence household decisions, healthcare utilization, financial allocation, and access to medical services. Husband support encompasses emotional, physical, informational, social, and economic assistance provided to women during pregnancy and childbirth. Research evidence suggests that women receiving adequate husband support are more likely to attend antenatal care services, maintain healthier lifestyles, experience lower levels of anxiety and depression, and seek timely obstetric care. Furthermore, partner involvement contributes to improved birth preparedness, enhanced maternal confidence, reduced childbirth complications, and better neonatal outcomes. The World Health Organization has emphasized male involvement as an essential strategy for improving maternal and newborn health. Active participation of husbands during pregnancy, labour, and the postpartum period can strengthen family-centred maternity care and improve reproductive health outcomes. In India, although maternal health indicators have improved considerably over recent decades, disparities persist across regions. Rajasthan continues to face challenges related to maternal mortality, neonatal morbidity, healthcare accessibility, and socio-cultural barriers. Limited awareness and involvement of husbands in maternal healthcare may contribute to delays in seeking care and poor pregnancy outcomes. Given the critical role of husbands in maternal healthcare decision-making, understanding the extent of husband support and its influence on pregnancy outcomes is essential. The present study was undertaken to assess husband support during pregnancy & labour and examine its relationship with maternal and neonatal outcomes among postnatal mothers in selected hospitals of Alwar District of Rajasthan India.

### **Rationale of Study**

Despite strong evidence supporting husband involvement, limited research has been conducted in Alwar and Rajasthan. Few Indian studies have comprehensively examined multiple dimensions of husband support and their effects on both maternal and neonatal outcomes. Therefore, the present study aims to address this important research gap.

### **Research objectives**

1. To assess the level of husband's support during pregnancy and labour among postnatal mothers admitted in selected hospitals of Alwar, Rajasthan.
2. To assess maternal and neonatal pregnancy outcomes among postnatal mothers admitted in selected hospitals of Alwar, Rajasthan.
3. To assess the relationship between husband's support during pregnancy and labour and pregnancy outcomes among postnatal mothers.
4. To find out the association between husband's support and selected socio-demographic variables among postnatal mothers.

### **Research hypothesis**

**Research Hypothesis (H1)** Husband's support during pregnancy & labour and pregnancy outcomes among postnatal mothers have statistically significant positive relationship.

**Null Hypothesis (H01):** Husband's support during pregnancy & labour and pregnancy outcomes among postnatal mothers have not statistically significant positive relationship.

**Research Hypothesis(H2):** Husband's support during pregnancy & labour and selected socio-demographic variables of postnatal mothers have a statistically significant association.

**Null Hypothesis (H02):** Husband's support during pregnancy & labour and selected socio-demographic variables of postnatal mothers have not statistically significant association.

### **Significance of the Study**

The study contributes to the growing body of evidence supporting male involvement in maternal healthcare. Findings may assist policymakers, nursing professionals, maternal health practitioners, and public health administrators in developing interventions aimed at enhancing husband participation during

pregnancy and childbirth. Improved husband support may ultimately contribute to better maternal and neonatal health outcomes and support the achievement of Sustainable Development Goal 3 related to maternal health and well-being.

### Research Methodology

This study employed a quantitative research approach with an exploratory descriptive research design to assess husband's support during pregnancy & labour and its effect on pregnancy outcomes among postnatal mothers admitted to selected Hospitals, Alwar, Rajasthan. A total of 100 postnatal mothers were selected using a non-probability convenience sampling technique based on predefined inclusion and exclusion criteria. The study included socio-demographic variables such as age, education, occupation, family income, type of family, residence, type of pregnancy, parity, and years of marriage. The independent variable was husband's support during pregnancy and labour, encompassing physical, emotional, social, informational, and economic support, while the dependent variable was pregnancy outcome measured through maternal and neonatal health indicators including haemoglobin level, gestational age, type of delivery, duration of labour, birth weight, Apgar score, and congenital anomalies. Data were collected using a structured instrument comprising three sections: socio-demographic profile, a 31-item Modified Interview Schedule on husband's support using a 4-point Likert scale, and a 15-item Modified Structured Questionnaire on pregnancy outcomes. Content validity of the instrument was established by a panel of nine experts from nursing, psychology, statistics, and language disciplines, and necessary modifications were incorporated based on their recommendations. A pilot study was conducted among 15 postnatal mothers which confirmed the feasibility and practicability of the study without requiring further modifications. Data were collected Between 22 and 31 August 2021. Reliability was assessed using Cronbach's Alpha coefficient, yielding values of  $\alpha = 0.94$  for the Husband Support Scale and  $\alpha = 0.85$  for the Pregnancy Outcome Questionnaire, indicating excellent and good internal consistency, respectively. The main study data were collected from 06 October to 20 October 2021 after obtaining administrative approval and informed consent from participants. Data were analysed using descriptive and inferential statistics, including frequency, percentage, mean, standard deviation, Chi-square test, and correlation analysis. Ethical principles were strictly maintained through institutional permission, informed consent, and assurance of confidentiality and anonymity throughout the study.

### Results and Interpretations

The demographic findings revealed that most participants were young mothers aged 21–25 years, belonged to joint families, had secondary-level education, were housewives, lived in rural areas, and had planned pregnancies. More than half were primiparous, and the majority of families had a monthly income of up to ₹10,000. Assessment of husband's support showed that 53% of mothers received a moderate level of support, 45% received high support, and only 2% experienced low support. The mean support score was 91.33 (73%) with a standard deviation of 3.68, indicating a generally consistent level of husband involvement. The findings suggest that husbands actively participated in providing emotional, physical, social, informational, and financial support throughout pregnancy and childbirth. Regarding pregnancy outcomes, 53% of mothers experienced good maternal and neonatal outcomes, while 47% had average outcomes and none reported poor outcomes. The mean pregnancy outcome score was 27.94 (78%) with a standard deviation of 4.17, reflecting generally favourable maternal and neonatal health status among the participants. A key finding of the study was the strong positive and statistically significant relationship between husband's support and pregnancy outcomes. Pearson's correlation coefficient demonstrated a strong positive correlation ( $r = 0.78$ ,  $p < 0.05$ ), indicating that higher levels of husband involvement were associated with better maternal and neonatal outcomes. This result supported the research hypothesis and emphasize the importance of husbands' emotional encouragement, practical assistance, and active participation in maternal care, physical, informational, social, and economic support provided by husbands may contribute significantly to positive pregnancy experiences and outcomes. Furthermore, Chi-square analysis showed no statistically significant association between husband support and selected socio-demographic variables at the 0.05 level of significance, indicating that the level of husband support was relatively independent of participants' demographic characteristics such as age, education, occupation, family type, residence, income, parity, years of marriage, or pregnancy type. This suggests that husband support was consistently observed across diverse social and economic groups, highlighting its universal importance in promoting positive pregnancy outcomes. Overall, the study findings emphasize the important role of husband involvement in promoting favourable pregnancy outcomes and support the integration of male participation strategies into maternal health programmes and interventions.

## Discussion

The present study was conducted to assess husband's support during pregnancy & labour and its effect on pregnancy outcomes among postnatal mothers admitted to selected hospitals in Alwar, Rajasthan. The findings revealed that the majority of mothers received a moderate level of husband support during pregnancy and labour, while pregnancy outcomes were generally favourable. Furthermore, a positive relationship was observed between husband support and pregnancy outcomes, indicating that greater involvement of husbands contributes to improved maternal and neonatal well-being. Maternal health continues to be a major public health concern globally, particularly in low- and middle-income countries where preventable maternal and neonatal complications remain common. The role of husbands in maternal healthcare has gained increasing attention because men often influence household decisions, financial resources, healthcare utilization, and emotional support. International policy frameworks, including the recommendations of the United Nations and global reproductive health initiatives, have emphasized the importance of male participation in maternal and reproductive healthcare services. Countries have been encouraged to involve husbands in antenatal, intranatal, and postnatal care to improve maternal and newborn outcomes. The findings of the present study are consistent with previous international research demonstrating that husband support positively influences maternal health outcomes. A study conducted in Nigeria reported that almost all women considered husband support during pregnancy and childbirth necessary. Women stated that support from their husbands reduced stress, enhanced emotional security, and improved their overall pregnancy experience. However, despite positive attitudes toward involvement, direct participation of husbands in antenatal care remained limited, suggesting the need for targeted educational interventions. The positive association observed in this study may be explained by the multiple dimensions of husband support, including emotional, social, informational, physical, and financial assistance. During pregnancy, women experience substantial physiological and psychological changes that can increase anxiety, fear, and emotional vulnerability. A supportive husband can help reduce these stressors by providing reassurance, assisting with household responsibilities, ensuring adequate nutrition, facilitating healthcare access, and participating in decision-making processes. These supportive behaviours create a favourable environment that contributes to healthier maternal and neonatal outcomes. The conceptual framework of the present study also recognizes husband support as an important subsystem influencing maternal and foetal health outcomes through emotional, informational, social, and economic pathways. The findings are further supported by longitudinal studies demonstrating that women who perceive stronger partner support during pregnancy experience lower emotional distress after childbirth. Research has shown that high-quality partner relationships contribute not only to maternal psychological well-being but also to better infant outcomes. Mothers who reported stronger partner support during pregnancy had lower postpartum distress, while their infants exhibited fewer signs of distress and better adaptation after birth. Another important aspect highlighted by the literature is the relationship between inadequate partner support and adverse pregnancy outcomes. Several studies have demonstrated that lack of support, domestic violence, and poor partner relationships increase the risk of miscarriage, preterm birth, low birth weight, and maternal psychological disorders. Intimate partner violence during pregnancy has been identified as a significant risk factor for adverse maternal and neonatal outcomes worldwide. Women exposed to violence during pregnancy are more likely to experience low birth weight infants, preterm deliveries, and pregnancy complications. These findings emphasize that partner involvement should not only focus on attendance at healthcare services but also on fostering positive, respectful, and supportive relationships. The present study also aligns with systematic reviews that have evaluated the impact of male involvement on maternal health outcomes. Evidence suggests that husband participation is associated with increased utilization of maternal healthcare services, including antenatal care attendance, skilled birth attendance, and postnatal care utilization. Furthermore, male involvement has been shown to reduce the risk of postpartum depression and improve overall maternal health outcomes. These findings reinforce the argument that husbands should be considered active partners in maternal healthcare rather than passive observers. The study findings are particularly relevant in the context of developing countries where cultural norms often limit male participation in maternal health services. Research from Bangladesh, Ethiopia, India, Mozambique, Indonesia, and other low-resource settings indicates that although husbands frequently provide financial support, their direct involvement in antenatal visits, childbirth, and postnatal care remains relatively low. Traditional gender roles, limited awareness, workplace commitments, and sociocultural expectations continue to act as barriers to male involvement. The findings of this study have significant implications for healthcare policy and nursing practice worldwide. Maternal healthcare programmes should adopt family-centred approaches that encourage husband participation throughout pregnancy, labour, and the postnatal period. Healthcare

professionals should actively involve husbands during antenatal counselling, birth preparedness sessions, nutritional education, and danger-sign recognition programmes. Educational interventions targeting men can improve awareness, strengthen supportive behaviours, and facilitate informed decision-making during pregnancy and childbirth. Studies have shown that communication between couples significantly improves knowledge regarding pregnancy complications and promotes timely utilization of healthcare services. The findings also support the recommendations of international organizations advocating for increased male participation in maternal healthcare. The **World Health Organization** recommends involving husbands during pregnancy, childbirth, and the postpartum period while respecting women's autonomy and decision-making rights. Such involvement has the potential to improve maternal health indicators, reduce preventable complications, and contribute to the achievement of global maternal health targets under the **Sustainable Development Goals**. Overall, the present study contributes to the growing body of international evidence demonstrating that husband support is an important determinant of positive pregnancy outcomes. The positive correlation observed between husband support and pregnancy outcomes suggests that maternal healthcare interventions should not focus exclusively on women but should actively engage husbands as partners in care. Strengthening male involvement through education, counselling, and supportive health policies can enhance maternal and neonatal health outcomes and promote healthier families and communities worldwide.

### **Suggestions of The Study**

1. Husbands should be actively encouraged to participate in antenatal, intranatal, and postnatal care activities to improve maternal and neonatal outcomes.
2. Healthcare professionals should provide counselling and health education to couples regarding the importance of husband involvement during pregnancy and labour.
3. Antenatal clinics should adopt a couple-centred approach and encourage husbands to attend antenatal visits with their wives.
4. Community awareness programmes should be organized to promote positive attitudes toward male participation in maternal health care.
5. Nursing curricula should include topics related to male involvement, family-centred maternity care, and partner support during pregnancy.
6. Nursing students should be trained to counsel couples and promote husband participation in maternal and child health services.
7. Hospital administrators should develop policies that facilitate husband participation during antenatal counselling sessions and labour support whenever feasible.
8. Maternal health programmes should incorporate strategies aimed at increasing male involvement as a component of safe motherhood initiatives.
9. Government and public health agencies should design community-based interventions to improve awareness regarding the role of husbands in maternal health.
10. Similar studies should be conducted with larger sample sizes to improve the generalizability of findings.
11. Longitudinal studies are recommended to assess the long-term effects of husband support on maternal and child health.
12. Experimental or interventional studies may be conducted to evaluate the effectiveness of husband-focused educational programs on pregnancy outcomes.
13. Qualitative studies exploring the perceptions, barriers, and facilitators of husband involvement in maternal care are recommended.

### **Nursing Implications**

1. The findings of this study highlight the significant role of nurses in promoting husband involvement during pregnancy & labour to improve maternal and neonatal outcomes. In nursing practice, healthcare professionals should identify women experiencing inadequate family support and provide holistic care addressing physical, emotional, social, psychological, and spiritual needs. Nurses should encourage active husband participation in antenatal, intrapartum, and postnatal care through health education and counselling. The study also emphasizes the need for optimal obstetric and perinatal care, continuous assessment of support systems, and guidance for mothers at risk of poor psychosocial support.
2. In nursing education, curricula should incorporate concepts related to social support, family-centred maternity care, and male involvement in maternal health. Educational programs should prepare nurses to recognize family-related stressors and provide appropriate counselling and support interventions.

3. From an administrative perspective, nurse administrators should develop policies that promote family participation during maternity care, organize in-service training programs, and ensure the availability of educational resources that enhance awareness regarding the importance of husband support during pregnancy and labour.
4. For nursing research, the study provides a foundation for future investigations exploring strategies to enhance husband support and evaluate its impact on maternal and neonatal health outcomes in diverse settings and populations.

### **Limitations**

The study was conducted in a single hospital setting with limited resources, restricting the generalizability of the findings. The sample size was relatively small ( $n = 100$ ) and selected through non-probability convenience sampling technique, which may limit the representativeness of the results. Additionally, divorced, separated, and unmarried mothers were excluded, reducing the applicability of findings to all maternal populations. The study also excluded women with complicated deliveries and emergency caesarean sections, thereby limiting the assessment of husband support across a broader range of pregnancy and childbirth experiences.

### **Conclusion**

The study concluded that husband support during pregnancy and labour plays a significant role in improving pregnancy outcomes among postnatal mothers. The majority of mothers received moderate husband support and experienced good pregnancy outcomes. A significant positive correlation was observed between husband support and pregnancy outcomes, indicating that increased husband involvement contributes positively to maternal and neonatal health. The findings emphasize the need for healthcare professionals to encourage active husband participation throughout pregnancy and labour. Promoting male involvement may contribute significantly to achieving better maternal and neonatal health outcomes and improving family-centred maternity care services.

### **Recommendation for International Journal Publication**

The findings highlight the importance of husband involvement as a modifiable social determinant of maternal and neonatal health. Integrating male participation into routine maternal healthcare services through policy initiatives, community awareness programs, and couple-centered antenatal interventions may contribute substantially to improving pregnancy outcomes and advancing safe motherhood goals.

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### **Ethical statement**

Ethical approval was obtained from the concerned institutional authorities before commencement of the study. Administrative permission was secured from selected hospitals in Alwar, Rajasthan. Written informed consent was obtained from all participants before data collection. Confidentiality, anonymity, privacy, and voluntary participation were maintained throughout the study. Participants were informed of their right to withdraw from the study at any stage without any consequences.

### **Conflict of interest statement**

The author(s) declare that there are no conflicts of interest regarding the publication of this manuscript.

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