



Texto & Contexto Enfermagem

ISSN: 0104-0707

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Brasil

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The transition to fatherhood: the role of formal and informal support structures during the post-partum period

Texto & Contexto Enfermagem, vol. 15, núm. 4, outubro-dezembro, 2006, pp. 601-609

Universidade Federal de Santa Catarina
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THE TRANSITION TO FATHERHOOD: THE ROLE OF FORMAL AND INFORMAL SUPPORT STRUCTURES DURING THE POST-PARTUM PERIOD
TRANSIÇÃO PARA O PAPEL DE PAI: CONTRIBUIÇÃO DAS ESTRUTURAS DE APOIO FORMAL E INFORMAL NO PERÍODO PÓS-NATAL
LA TRANSICIÓN DE LA PATERNIDAD: UNA CONTRIBUCIÓN DE LAS ESTRUCTURAS DE APOYO FORMAL E INFORMAL DURANTE EL PERÍODO POSTNATAL

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KEYWORDS: Family health. Nursing. Paternity. Social support.

ABSTRACT: The transition to fatherhood is a period in an individual's life that calls upon his/her adaptive capacities. The quality of social support available to parents is an important factor in their adjustment to their new role. The purpose of this correlative study among 160 first-time fathers and 160 first-time mothers in Quebec, Canada was to determine which sources of support are most valued by mothers and fathers during the post-partum period, the characteristics of this support and to examine the nature of the relationships between perceptions of social support, parenting efficacy and parental anxiety. Multivariate analyses revealed that, for these parents, social support did not act as a protective factor for perceived parenting efficacy. However, nurses' care-giving practices contributed to parents' perceptions of support and to their perceptions of parenting efficacy.

PALAVRAS-CHAVE: Saúde da família. Enfermagem. Paternidade. Apoio social.

RESUMO: A transição para a paternidade é um momento na vida de um indivíduo que solicita suas capacidades de adaptação. A qualidade do suporte social da qual dispõem os pais é um elemento importante em sua adaptação a seu novo papel. O objetivo deste estudo correlacional, realizado com 160 casais de pais de primeira viagem do Quebec, foi compreender as fontes de apoio promovidas pelos pais e pelas mães, em período pós-natal, suas características, e examinar a natureza das relações entre as percepções de suporte social, a eficácia parental e a ansiedade parental. Análises multivariadas revelaram que o suporte social, para estes pais, não agia como fator de proteção das percepções de eficácia parental. Entretanto, as práticas de auxílio das enfermeiras contribuíam para as percepções de apoio dos pais, assim como para suas percepções da eficácia parental.

PALABRAS CLAVE: Salud de la familia. Enfermería. Paternidad. Apoyo social.

RESUMEN: La transición para la paternidad es un momento en la vida que requiere de la capacidad de adaptación de un individuo. La calidad del apoyo social que reciben los padres se considera como un elemento importante en la adaptación para su nuevo rol. Estudio correlacional, que abarca cerca de 160 parejas de padres primerizos de Québec, Canadá, el objetivo fue comprender las fuentes de apoyo del padre y la madre durante el período postnatal, así como, sus características. Además, este estudio pretendía examinar la naturaleza de la relación entre las percepciones del apoyo social, la eficacia y la ansiedad de la paternidad. Los análisis multivariados revelaron que, para estos padres, el apoyo social no actúa como un factor de protección de sus percepciones para la eficacia de la paternidad. Sin embargo, las prácticas de ayuda de las enfermeras contribuyeron para las percepciones de apoyo de los padres, como para las percepciones de la misma.

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Artigo original: Pesquisa
Recebido em: 13 de março de 2006.
Aprovação final: 25 de outubro de 2006.

INTRODUCTION

The transition to parenthood is identified as a significant period in adult life and a critical family turning point, for it requires family members to change their behaviours, affects or expectations. New parents face numerous challenges on personal, parental, marital and family levels. Their support system is a valuable resource in coping with these challenges. Few studies have focused on both fathers' and mothers' social support network during the immediate post-partum period. Yet social support may prove to be an important protective factor during this period, helping to develop and maintain the balance required for the family's survival and growth.

Studies carried out over the past thirty years have shown that social support is one of the main dimensions associated with physical, emotional and social well-being. Social support has a specific mechanism of action; it is not arbitrary. It comes into play when an individual (or a group of individuals) is exposed to stressful events. Social support acts as a buffer that helps an individual cope better with stressful situations. Hence social support exerts its impact on an individual's well-being at times when the latter's adaptive capacities are called upon. The transition to parenthood is unquestionably such a time. The quality of social support available to parents is therefore an important factor in their adjustment to their new role. It may reduce parents' stressful experiences and maternal depression.¹ The effects of social support may vary depending on the source of the support. The quality of marital support is known to be associated, for mothers and fathers, with greater feelings of parenting efficacy*.² Similarly, the quality and availability of the social network contribute to maternal perceptions of efficacy.³ However, little is known about the impact of professional support on parental well-being.

Parental resources during the post-partum period

Sensitive to parents' experience upon the birth of their first child, healthcare institutions and community organizations have set up services to counter families' isolation. In the past ten years, many service models have been developed in Cana-

da, emphasizing phenomena such as the importance of informal networks (for example, breastfeeding lay workers) and local initiatives (for example, parent support services), the mobilization of communities (for example, community kitchens), enhancing personal potential (for example, prenatal meetings), parent/care provider collaboration and intersectorial partnerships. Thus many potential resources are available to parents during this transition period, be they members of their formal and informal network (parents, friends), members of the professional network (physicians, nurses, midwives or doulas) or community centre support programs.

It remains that, of the different resources likely to be used by parents pre-and postnatally, we do not really know which are perceived as useful by fathers and mothers. How can these different sources of support help parents' adjust better during the post-partum period? A recent study with first-time parents in Quebec showed that nurses' help-giving and collaboration practices during the post-partum period contributed to parents' perceptions of efficacy*. However, the nature of the relationships between perceptions of social support, perceptions of collaboration and help and parenting efficacy and parental anxiety is not known. We believe it is important to more clearly identify the resources used and valued by first-time parents, particularly fathers, since very few studies have addressed this subject, with a view to reducing the prevalence of post-partum adjustment problems by meeting new parents' needs as satisfactorily as possible. This text aims to answer these questions.

THEORETICAL MODEL

The framework for this study is based on the ecological perspective of human development.⁴ This model examines human development in a context where reciprocal interactions between the individual and people, objects and symbols in his/her environment are considered the motor of this development. According to Bronfenbrenner, in addition to relations with people (for example, social support), specific individual (for example, anxiety) and environmental (for example, income and education) characteristics may influence the developmental outcome, in this case, perceptions of efficacy.

* Montigny F, Lacharité C, Amyot E. Tornar-se pai: modelo da experiência dos pais em período pós-natal Quebec. *Paidéia*, [in press].

RESEARCH QUESTIONS AND HYPOTHESES

The main objective of the study is to describe and understand the social support network of first-time fathers and mothers during the immediate post-partum period, namely, the most valued sources of support and their characteristics. Specifically, we will answer the following questions: What sources of support do mothers and fathers value most? What are the characteristics of the sources of support most valued by mothers and fathers? What are mothers' and fathers' perceptions of the support they receive from their partner? What is the nature of the relationships between perceptions of social support, perceptions of collaboration and help and parenting efficacy and parental anxiety?

We hypothesize that there is a significant difference between fathers' and mothers' perceptions of social support during the immediate post-partum period. We also expect that perceptions of support predict positively perceptions of parenting efficacy and parental anxiety for first-time parents.

METHODOLOGY

A correlational study was carried out on 160 first-time fathers and 160 first-time mothers, after approval for the project had been obtained from the ethics committee of the University of Quebec in Outaouais and the institution where participants were recruited, in full compliance with the Helsinki declaration (Nº 0000-0927-04).

Participants

The participants in the study come from the immediate urban and semi rural area of Western Quebec (Canada). Parents were recruited between March and August 2001. All new parents eligible for the study were systematically approached by the research assistant before their discharge from the hospital. They were then visited at home, at a time that suited them, on average on the sixteenth post-partum day (± 9 days) and each parent was asked to complete a questionnaire, which took approximately one hour. The sample consisted of 160 mothers and 160 fathers, first-time parents, who were living together and were able to speak, understand and read French. Neither mother nor child had any health problem during the post-partum period.

The average age of the fathers was 29.9 (s.d. = 5.5) and that of the mothers was 27.2 (s.d. = 4.6). 43% of couples were married, while 57% had been in a common-law marriage for an average of 4.5 years (s.d. = 3). 28% of mothers and 36% of fathers had a high school education or less. 40% of fathers and 42% of mothers had a university degree. 64% of couples had a family income of less than \$60,000, while 75% of mothers and 85.6% of fathers worked full time. In terms of obstetrics, 77.7% of mothers had a vaginal birth, and 55.4% of those had an epidural anaesthesia. Almost three quarters stayed in hospital for one to three days. 84% of mothers were breastfeeding their baby when they left hospital.

Study variables and measuring instruments

The internal consistency of the instruments used in this study was measured using Cronbach's alpha. All instruments had alphas varying from 0.75 to 0.94 depending on the instrument. The quality of social support was measured using the Social Support Questionnaire, which consists of 18 items that ask the individual to rate how helpful people in his/her network have been in recent weeks*.

The dependent variable perceived parenting efficacy was defined as parents' beliefs about their capabilities to mobilize the motivation, cognitive resources and courses of action needed to meet the demands of parenting and was measured using the French version of Reece's Parent Expectations Survey (PES)*.³ The PES consists of 25 items and uses a 10-point Likert-type scale (cannot do - certain can do). The score is calculated by adding all the items and dividing by the total number of questions. A second dependent variable parental anxiety was defined as how the individual feels now, at this particular moment, in terms of apprehension, tension, nervousness or worry (state anxiety) and was measured using Spielberger's State Trait Anxiety Inventory*.

Three instruments were used to measure nurses' help-giving practices. The first of these, the Help-giving Practices Scale consists of 16 items and measures parents' beliefs about the help received from professionals in terms of enabling*. The second instrument, the Parent/Care Provider Collaboration Inventory consists of 15 items that allow the parent to describe his/her perception of empowerment through a relationship of collaboration and intimacy with the member of the

team he/she had significant contact with*. Lastly, the Perception of Control Scale measures parents' perception of control with respect to the help received, which was defined as the parent's perception of having influence over services and interactions with the service providers*. Perceived control was measured on a 10-point Likert scale where 1 equals a very low level of perceived control and 10 equals a high level of control.

Critical events during the immediate post-partum period were measured with the Post-Partum Critical Incident Inventory which comprises 85 items that describe critical incidents during the post-partum period, that is, significant incidents for parents during the immediate post-partum period that may influence their adjustment to the role of parent*. The concept of parenting alliance, that is, the extent to which partners form a team to perform the various tasks associated with parenting, was measured using Abidin's Parenting Alliance Inventory*. Broussard and Hartner's Inventory of Perceptions of the Neonate (IPN) consists of 5 items that measure parents' perceptions of their baby's behaviour compared with the average infant with respect to crying, spitting, sleeping, feeding, elimination and predictability*.

The Relationship Questionnaire consists of 4 items that describe 4 different attachment styles: secure, avoidant, preoccupied and fearful.⁶ A sociodemographic questionnaire comprising 20 questions was used to collect sociodemographic data, such as income and level of education, obstetrical data, parental health status (parent's perception of his/her health as good, average or poor after the delivery) and the parent's previous experience with infants*.

RESULTS

The dimensions of social support

A principal components analysis revealed 5 social support dimensions that account for 52% of the variance: informal support, support from a social organization, professional support, family support and partner support. The dimension "informal support" includes support received from friends, one's partner's friends, neighbours, relatives and colleagues. The dimension "support from a social organization" includes support offered by priests,

social clubs, parents' associations and professional care providers other than nurses. The dimension "professional support" refers to the support received from nurses, paediatricians, community health centers, nurses who give prenatal classes and physicians. The dimension "family support" comprises the support received from one's own parents as well as from brothers and sisters. The dimension "partner support" encompasses the support received from one's partner, one's partner's parents and siblings.

Sources of support

Cross-analyses of sources of support based on gender revealed the sources of support most valued by fathers and mothers. With respect to partner support, the results showed that both parents value their partner's support, although fathers value it more ($p = 0.002$). In regard to family support, fathers identified their own parents as generally not very helpful or as an unnecessary resource, unlike mothers ($p < 0.001$). With respect to professional support, we observe that nurses are perceived as very supportive by mothers ($p = 0.03$). Fathers appreciate the paediatrician's assistance sometimes ($p = 0.10$). With respect to support from a social organization, fewer mothers than fathers needed help from parents' associations ($p = 0.006$), priests and clergymen ($p = 0.041$) and other health professionals ($p = 0.056$), while fathers found these sources of support helpful sometimes ($p = 0.036$). Significantly more fathers than mothers did not need help from social clubs or found that this form of support was not at all helpful ($p = 0.041$). With respect to informal support, unlike mothers, fathers found their friends helpful sometimes ($p < 0.043$).

Characteristics of the support

A canonical analysis was used to establish correlations between the variables (non-parametrical) by determining the Euclidean distance. This analysis groups the sources of support, thereby revealing their characteristics. Two characteristics emerge, identified vertically as the characteristic "expertise" and horizontally as the characteristic "affective proximity" (Figure 1). The results for the fathers and the mothers combined are presented below, specifying the differences between the two profiles when appropriate.

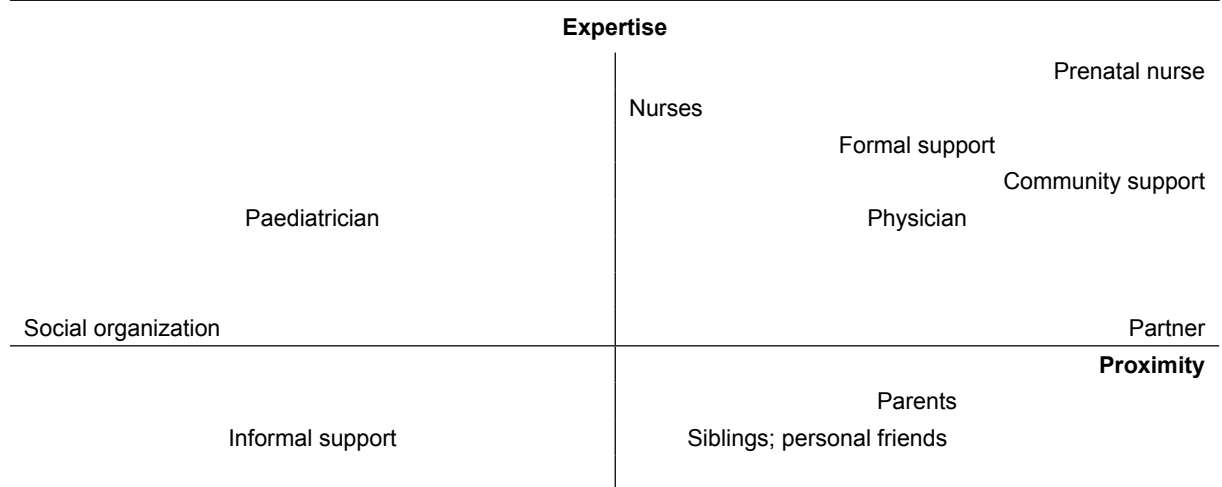


Figure 1 - Characteristics of the support received by fathers and mothers. Quebec, Canadá, 2005.

The partner is the most positively positioned source of support under the characteristic “affective proximity”. While neutral under “expertise” the parents of each parent are in second position under “affective proximity”, with maternal parents scoring slightly higher than paternal parents for both partners. The brothers and sisters of each partner as well as their friends are very slightly positive under “affective proximity” and perceived as having less expertise by both mothers and fathers. Partner’s friends, other family members, colleagues and neighbours (informal support) are grouped together and positioned negatively under both affective proximity and expertise.

Health professionals score highest under the expertise dimension. In decreasing order for expertise and affective proximity, we note the nurse who gives prenatal classes, the family physician/gynaecologist, health and community organizations, other nurses. Although parents acknowledge that the paediatrician has a degree of expertise, the latter is positioned negatively under affective proximity, especially for fathers. Social organizations also score negatively under both dimensions.

Nature of the relationships between social support, anxiety and perceived efficacy

The nature of the relationships between perceptions of social support, perceptions of collaboration and help and parenting efficacy and parental anxiety were examined using AMOS 5.0. software. On the basis of the data collected, a structural equation model of mothers’ and fathers’ post-partum experience of support was examined.

The a priori model was based on the hypothesis that there is a direct link between perceptions of support and perceived efficacy, and between parental anxiety and perceived efficacy. Similarly, an indirect relationship was expected between perceptions of support and perceived efficacy through anxiety. The evaluation of the plausibility of the model for each parent and of the equality model was based on absolute fit indices (chi-square, goodness-of-fit index (GFI), root mean square error approximation (RMSEA), comparative fit indices (nonnormed fit index (NNFI) or Tucker-Lewis index (TLI) and comparative fit index (CFI)) and parsimonious fit indices (parsimonious normed fit index (PNFI) and akaike criterion (AIC)) as recommended by Hoyle and Panter.⁶ This model was not corroborated by empirical results.

The a priori model was modified and the revised model of fathers’ and mothers’ post-partum experience of support provides an adequate fit to the data as well as being relevant in theoretical terms ($p = 0.103$). Within this model (Figures 2 and 3, with standardized estimates and fit indices), both parents have a similar experience of support, with perceptions of nurses’ help directly linked to parents’ perceptions of support. However, this model does not show any link between social support and parents’ perceptions of efficacy and anxiety, thus refuting two of the study’s hypotheses. A series of associations was observed between perceptions of collaboration, helping practices, perceptions of post-partum events, perceptions of alliance and anxiety and perceived parenting efficacy, so that parents who feel they were helped by nurses have a more positive perception of events, of their alliance with their partner, feel less anxious and more competent.

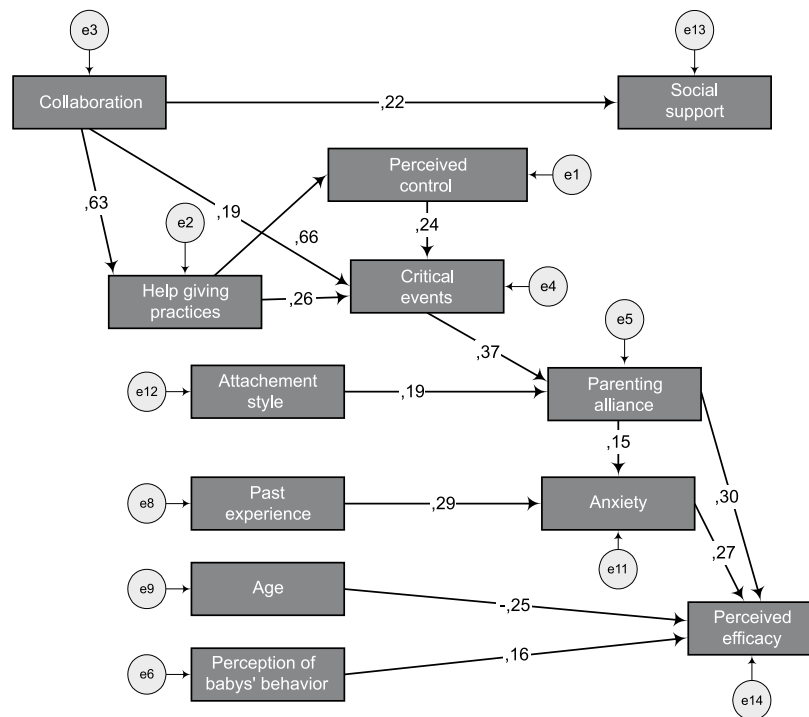


Figure 2 - Revised model. Model of mothers' post-partum experience of support with standardized estimates. X^2 (65.2, $N=160/160$) = 52, $p=0.103$, $CMIN/DF = 1.254$, $GFI = 0.936$, $RMSEA = 0.040$, $TLI = 0.953$, $CFI = 0.963$. Quebec, Canada, 2005.

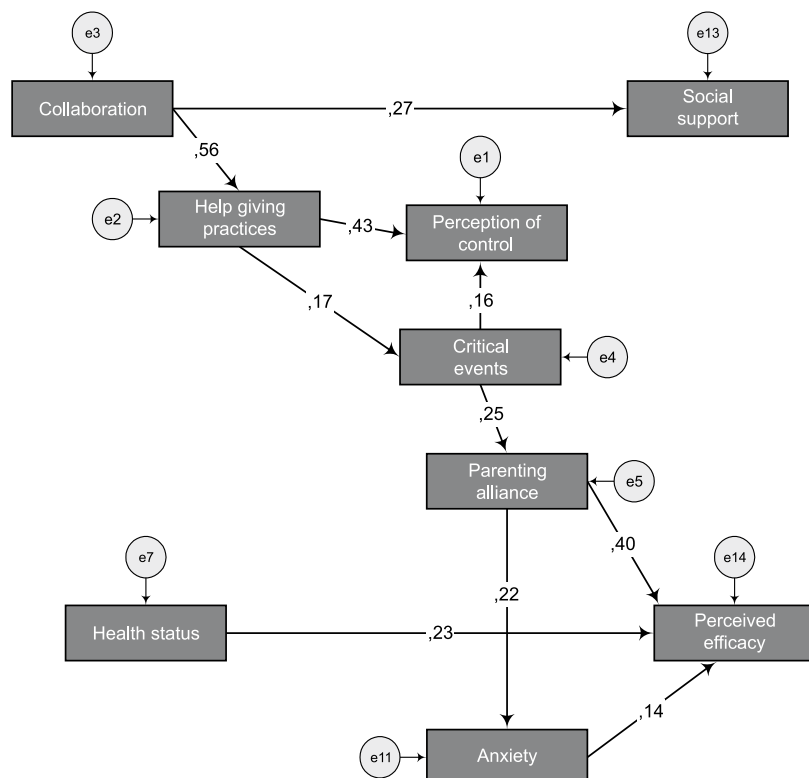


Figure 3 - Revised model. Model of fathers' post-partum experience of support with standardized estimates. X^2 (33.8, $N=160/160$) = 26, $p=0.14$, $CMIN/DF = 1.300$, $GFI = 0.957$, $RMSEA = 0.043$, $TLI = 0.942$, $CFI = 0.958$. Quebec, Canada, 2005.

As in previous studies*,² the model of parents' post-partum experience of support shows the importance of the individual's psychological state in the development of his/her perceptions of efficacy, the level of situational anxiety being directly related to both parents' perceptions of efficacy so that the calmer the parent, the greater his/her perceived self-efficacy.

LIMITS

The limits of this study are related to the instruments used and the environment selected for the data collection. Firstly, the study did not try to identify the types of help offered and received. The instrument asked if the individual was available and helpful, without defining the term "helpful". This may have given rise to diverse interpretations by parents. Nor did the instrument measure parents' satisfaction with the quantity and quality of support offered and received. This aspect is important, since satisfaction with the support offered and received was shown to be linked to the mother's level of involvement with the child.⁷

Another limit stems from the use of the same geographical region and hospital for the data collection. Since the region selected is known to attract young couples who have moved there from their region of origin for employment purposes, this may have influenced the availability of family support during the post-partum period.

DISCUSSION AND IMPLICATIONS

This study contributes to knowledge on parenting by identifying the sources and characteristics of the support that parents consider to be important, but above all, it highlights the conjugal unit's isolation during this transition period.

As in previous studies, partner support was found to be the most important source of support for mothers and fathers during the post-partum period.⁸ However, in this study, partner support was found to have an affective rather than an expertise characteristic. The study also shows that the maternal parents are a valued source of help without, however, distinguishing between the contribution of the new grandmother and that of the new grandfather. A number of studies have emphasized the maternal grandmother's (mother's mother) contribution as an important source of

advice and information.⁹⁻¹⁰ In this study, the maternal parents were perceived more as a source of affective support.

Contrary to previous findings, parents in this study frequently cited health professionals as a source of support.¹²⁻¹³ The father's appreciation of the paediatrician's support is highly interesting and was also noted in a study carried out on fathers by Devault in 2002.¹² Unfortunately, fathers are not always invited as a matter of course to participate in the meeting with the paediatrician. The support offered by experts is received positively by parents, particularly that of nurses during the pre- and postnatal period. Moreover, this study highlights the importance of health professionals' help as a source of support for both parents. Hence we learn that nurses' collaborative practices in the immediate post-partum period influence the perception of support received from other sources, even one month after the birth.

Unlike the findings of other studies about parents' social network, relatives, friends and work colleagues were not valued as sources of support by parents in this study.^{10,12} Rather our sample paints a picture of a transition to parenthood in isolation, the extended network providing little support in terms of expertise and affective resources. The conjugal unit seems to make this transition alone for the most part, accompanied by their respective parents and health professionals. This picture of a meagre network, centred on the couple, the immediate family and health professionals during the post-partum period, invites us to examine how health professionals can use existing ties to build a richer, more supportive network for parents.

The arrival of the first child is probably the event most closely associated with the "birth" of a family. Parents' experience of this transition is a key factor in understanding the birth of a family. By examining the support received by first-time fathers and mothers, this study sheds light on the precursors of family adjustment. The implications of this study are at least threefold.

With respect to clinical practice with families, this study justifies actions that support the marital relationship and the development of the network. Support for the marital relationship should be offered continuously throughout the pregnancy, delivery and post-partum period. It is based on nursing actions that support communication and the expression of feelings within the couple, that faci-

litate both partners' expression of needs and efforts to find ways to support each other mutually.

Recent literature shows that fathers differ in their requests for help and that traditional interventions do not meet their specific needs.¹² Parents' support needs must be analysed in order to avoid giving information when mothers are looking for encouragement¹² and when fathers are looking for concrete experience.⁹ Actions to extend the network become a reality when the care provider helps the parent identify a support network, supports his/her requests for help, invites the grandparents to participate in prenatal meetings and postnatal care, and facilitates the development and creation of support groups for mothers. In regards to family research, this study enhances our understanding of what is perceived as supportive by primiparous mothers and fathers. It would be interesting to duplicate the study with a sample of multiparous parents in another geographical area. Similarly, by further distinguishing parents' experience of social support on the basis of sociodemographic variables, the needs of diverse clienteles could be more satisfactorily met.

With respect to teaching in the field of family nursing, the findings invite us to continue to educate early childhood caregivers, especially nurses, in family-oriented programs to provide support for the marital relationship. Integrating this knowledge into nursing curriculum is an additional priority.

CONCLUSION

The period surrounding the birth of the first child is an important time in the life of a family which transforms from a dyad into a triad. The parents' task is to form an attachment to their child, which will determine the subsequent relationship style in the family. In several countries such as Canada or Brazil, priority actions were identified in the health and welfare policy, in the public health and in the family policy action plan to enhance and better support the role of parent in order to increase, among other things, parental competence.¹³⁻¹⁴ Promoting father's role in the family is also a preoccupation for nurses in these countries. This study did not demonstrate that social support contributes to parents' perceptions of efficacy or their level of anxiety. However, deepening our knowledge of the support most valued by each parent during this period of transition to parenthood will make

it possible to identify the professional and personal resources that are important for parents and thus tailor the support offered to couples' real needs.

ACKNOWLEDGEMENTS: this research was funded by a doctoral grant awarded to the main author by the SSHRC (Social Sciences and Humanities Research Council of Canada). The authors would also like to thank all the parents who participated as well as Annie Fleurant and Christine Gervais, master students in nursing (UQO), and Lyne Cloutier, professor of nursing (UQTR), for their help in formatting the text.

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