

Psychosocial Adaptations to Pregnancy

Summer 08

Learning Objectives

Describe the responses of the expectant mother to pregnancy

Identify the process of role transition

Explain the maternal tasks of pregnancy

Discuss factors that influence psychosocial adaptation to pregnancy

Describe the transition to the father role

Describe the responses to the grandparents and siblings to pregnancy

Describe culture influences on pregnancy

Concepts

Psychosocial

Communication

Introduction

Each couple adapts in unique manner

Responses change thru out pregnancy

Both husband and wife have completed developmental tasks by time pregnancy over

Social and culture factors influence how women adjust to pregnancy

Maternal Responses

First Trimester

■ Uncertainty

□ Unsure of pregnancy, looks for confirmation

■ Ambivalence

□ Mixed feelings even of pregnancy planned

□ Often feel unprepared for permanent life style changes

□ Wonders about ability to parent

□ Worries about how this will affect relationships with others

■ Self focus

□ Looks for physical changes in self

- Hormone levels cause mood swings
- Nurses' role
 - Reassure changes are normal, do not indicate problem

- Maternal Responses continued

- Second Trimester

- Physical changes more evident
 - Physically feels better
- Makes attempts to ensure healthy fetus
 - Keeps appointments, eats healthy, stops smoking, etc.
- Primary focus now fetus
 - Fetus becomes real with quickening
 - Becomes a separate entity from her
- Introversion
 - Turning in as she contemplates health of newborn, her ability to provide for and protect infant
- Body Image
 - May be welcome signs confirming pregnancy
 - Appearance and discomforts may contribute to negative body image for others
- Changes in sexuality
 - May increase, decrease, or remain unchanged
 - Intercourse ok in pregnancy unless complications
 - Interest decreased in early preg d/t nausea, fear of SAB
 - Pelvic congestion may increase sensitivity in 2nd trimester resulting in more intense orgasms
 - In 3rd trimester may need to alter positions for comfort

- May also feel less sexy as become larger, males may be turned on or off by her appearance
 - Concern about harming fetus
- Nurses' role
 - Educate about potential reactions
 - Encourage open and honest communication by couple

□ Maternal Responses continued

□ Third Trimester

- Vulnerability
 - Worries about fetus, becomes very cautious
- Increasing dependence
 - Insists that partner be readily available at all times
 - Seeks help in making decisions
 - Needs much reassurance
 - Upset because partner doesn't understand her feelings
- Birth preparation
 - Concerned about ability to recognize labor, get to hospital on time
 - Worried about coping with labor
 - Begins to nest

□ Maternal Role Transition

□ Transition into mother begins in pregnancy and continues as pregnancy progresses

- Relationships
 - Becomes more self aware
 - Alterations in relationship with father as both prepare for parenthood
 - Examines relationship with own mother
 - Looks for example of what she perceives as mothering behaviors
 - Must develop relationship with fetus

- ▣ Maternal Tasks in Pregnancy
- ▣ Seeking safe passage
 - For herself and fetus by following cultural practices to ensure health of fetus, self
- ▣ Securing acceptance
 - Involves reworking relationships so that those important to expectant woman accepts her as a mother, welcomes baby
 - Especially her mother, her partner and sibs of baby
- ▣ Learning to give of self
 - Derives enjoyment from giving to others
 - Receiving gifts from others enhances woman's ability to give
- ▣ Committing Herself to Unknown Child
 - Developing attachment to baby begins in early pregnancy
 - Increases with quickening, ultrasound showing "parts"
 - Integrates role of mother into her self image
 - Becomes comfortable idea of herself as mother

- ▣ Paternal Adaptation
- ▣ Some emotionally involved, others are detached from experience or may prefer to observe and not participate
- ▣ Some view pregnancy as women's work, may not express feelings about pregnancy and fatherhood
- ▣ Readiness for fatherhood increases if
 - Stable relationship with partner
 - Financially secure
 - Desire to be a parent
 - Relationship with own father
 - Previous experience with children
 - Self confidence in ability to care for infant
- ▣ Readiness for fatherhood decreases if
 - Unplanned pregnancy
 - Younger age
 - Where relationship with mother is < 2 years duration
 - Lack of full time employment

- Developmental processes
 - Grappling with reality of pregnancy/child
 - Lack of evidence in early pregnancy makes it difficult to accept as real
 - Reality boosters help
 - Fetal heart beat, visualizing on ultrasound, feeling baby move
 - Preparation of nursery
 - Actual birth, holding infant
 - Initial reaction pride
 - But usually experiences same ambivalence that mother does
 - Struggling for recognition as parent
 - Others seldom recognize father as parent in own right, viewed as helper
 - Expectant moms can help by referring to “our pregnancy,” sharing sensations, emotions and including in decisions
 - Nurse should view triad as client, not just mother/baby couplet; encourage questions from him
 - Creating role of involved father
 - Various means of creating father role
 - Develop closer ties to own father
 - Observe other fathers and “try on” their behaviors
 - May seek information about care of infant
 - Nurses can help prepare by giving info to dispel unrealistic expectations about newborn
 - Couvade
 - Used to describe father who develops symptoms and behaviors related to pregnancy
 - Symptoms related to stress, anxiety or empathy, diminishes as pregnancy progresses
 - If continues may result in nervousness, insomnia, restlessness and irritability

- ▣ Adaptation of Grandparents
- ▣ Reaction depends on several factors
 - Age
 - Number and spacing of other grandchildren
 - Perceptions of role of grandparents
 - Usually want to be actively involved
 - Most expectant couples now look to HCW for advise, not parents
 - Expectant couple and grandparents need to negotiate about involvement

- ▣ Adaptations of Siblings
- ▣ Toddlers
 - Age 2 or < unaware of changes going on
 - Don't tell until close to time of delivery
 - May feel displaced by baby, so any changes should be done several weeks before birth
 - Very important to show frequent reassurances of love and affection
- ▣ Older Children 3-12 years old
 - May have questions
 - Enjoy helping, hearing heartbeat, feeling baby move
 - Sibling classes
- ▣ Adolescents
 - Different reactions from indifference, embarrassment to involvement in preparations

- ▣ Factors That Influence Psychosocial Adaptations
- ▣ Age
 - Teens: developmental tasks at odds
 - Teen – form and become comfortable with sense of self
 - Pregnant teen – learning to give of one's self
- ▣ Multiparity
 - Not as much time to care for self
 - Worries about finding time and energy for other children
 - Needs to work out new relationship with other children

- May feel guilt about dividing love
- Social Support
 - Support from partner and mother especially important
 - Helps to improve coping, health care compliance and attachment to infant
- Presence/Absence of Partner
 - Single mother may lack financial and emotional support of partner
 - Concerns about father's rights
 - More likely to live below poverty
- Socioeconomic Status
 - Affluent – has more than adequate resources, has health insurance or can pay medical bills; values preventative care, seeks prenatal care early
 - Middle class – relatively secure, health insurance thru employer; values health care but depends on insurance coverage; seeks early prenatal care
 - Working poor & unemployed – struggles for basic needs; may value health, but may not see way to improve situation; priority to meet present needs, seeks prenatal care late
- Other Factors
 - Domestic violence
 - Depression
- Cultural Influences
- Wide beliefs and practices
 - Nurse must recognize that even within culture, not all persons share same beliefs
- Most conflicts over health care beliefs, communication and time orientation
- Health Beliefs
- Many cultures believe that health is balance of mind, body and spirit.
- Health Maintenance in Pregnancy
 - Some view pregnancy as illness with numerous medical interventions
 - Others view pregnancy as natural and do not seek medical care until late in pregnancy
 - Various requirements according to culture about pregnancy behaviors needed to maintain health – examples:
 - Wearing of proper clothing
 - Avoidance of tying knots to avoid problems with cord

- Surround self with beauty and positive people, avoid death, illness, anger
- Belief in Fate
 - Often have belief that only way can affect pregnancy outcome is by eating properly, observing taboos of culture; may make it difficult to convince woman to obtain regular prenatal care
- Preventing Illness
 - May use religious objects, charms to prevent illness
 - May adhere to food taboos or prescribed combinations of food to prevent illness
 - Strict adherence to religious codes, morals and practices also prevent illness
 - Modesty
 - May not be seen by any male but husband
 - May need written permission from husband before any exam or treatment
 - Female Genital Mutilation (female circumcision)
 - Involves removal of all or part of clitoris, labia minora and majora
 - Associated with chastity, may be requirement for marriage
 - Makes exam painful d/t scar tissue and small size of opening
 - Restoring Health
 - May include natural folk medicine
 - Herbs, charms, holy words, witch craft, voodoo and magic
- Communication
- Language
 - Often major barrier
 - Translator issues
 - Family censors
 - Confidentiality
 - Use of medical jargon
- Eye Contact
 - Some cultures may believe that eye contact disrespectful, seductive, harmful to the soul
- Touch
 - Some cultures “high touch”
 - Some cultures men find it offensive for women other than their wives to touch them

- Nurse should be aware of touch issues, personal space

☐ Time Orientation

☐ Varies among cultures

- Many cultures emphasize the moment rather than future
- Causes conflict in health care setting with scheduled appointments, leading to anger and frustration

☐ Culturally Competent Nursing Care

☐ Requires awareness of and sensitivity to as well as respect for diversity of the clients

☐ Cultural negotiation

- Involves providing info, while acknowledging client may have different view
- Then may try to find resolution

☐ Perinatal Education

☐ Helps couple to learn about pregnancy, birth and parenting

☐ Goals

- Parents become responsible consumers
- Take an active role during pregnancy to maintain health
- Learn coping techniques, available options
- A Healthy People 2010 objective is to increase the proportion of women who attend a series of perinatal classes

☐ Choose birth setting, support persons (doula)

☐ Types of Classes

☐ Preconception classes

- Gives couple contemplating pregnancy info on health lifestyles including nutrition and exercise, pregnancy signs and choosing a provider

☐ Early pregnancy classes

- Focuses on first two trimesters, adapting to changes of pregnancy, anticipatory guidance

☐ Exercise classes

☐ Sibling preparation classes

☐ Breastfeeding classes

- Helps to increase woman's confidence and success rate, gives resources for help
- Childbirth preparation classes
 - Learn self help measures and what to expect in labor
 - Allows them to approach labor in positive manner
 - Receive info about and practice breathing techniques and coping strategies
- Cesarean birth preparation classes
 - Info given about indications for C/S, the actual procedure and the postoperative course
- Parenting classes
 - Newborn care, general concerns
- Postpartum classes
 - Content includes info about physical and psychologic changes after birth, role transition, sex and nutrition