

## Enhancing Maternal Mental Health of Women in Perinatal Period and the Role of Nurses in Promoting Emotional Wellbeing

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### Abstract

Pregnancy is the beginning of many changes in the life of a woman. There are not only physical, social and financial changes a woman undergoes during this transitional period but also a wide range of mixed emotions. These emotions can be exciting due to the assumption of the role of becoming a parent. However, at times it can be scary and stressful. The nurses with their expertise and skills can help to improve emotional wellbeing of the expectant mothers.

**Keywords:** Emotional Wellbeing; Maternal Mental Health; Attunement; Marked Mirroring; Containment; Reciprocity.

### Introduction

Pregnancy, birth and the puerperium is a time of major psychological and social change for women as they negotiate their roles as mothers. Supporting mothers' emotional wellbeing during the perinatal period is now recognized to be as important as the traditional focus on the physical health of the mother and child. Increasing evidence about early brain development and the way in which infants develop emotional and behavioural wellbeing within the context of their early relationships, has highlighted the particular importance of building a bond with the unborn baby, and sensitive early care-giving.

Emotional health is a state of wellbeing. It's important throughout all stages of life, but even more so during pregnancy and early parenthood when parents may be more vulnerable to stress.

### *Changes in Psychological Status of Woman During Pregnancy*

After the confirmation of pregnancy news, women may experience mixed feelings. Although for most, this is a time for great joy and satisfaction, since they have fulfilled a biological function, many may experience a period of anxiety about the step they have taken. Women will experience changes to her body which are beyond their control. Concern about loss of independence causes some women to bury themselves in their careers. Additionally, some women who have previously suffered miscarriage fear further disappointment and remain detached from the pregnancy until the risk of abortion has passed away [1].

Recent evidence suggests that a significant number of women experience common mental health problems such as anxiety and depression during pregnancy. One study showed that around 15% of pregnant women experience serious feelings of stress, anxiety or depression [2]. The majority of women experiencing postnatal depression had also experienced antenatal depression, and similarly postnatal anxiety was preceded by antenatal anxiety.

### *Consequences of Mental Health Problems in Pregnancy*

Recent evidence indicates that stress and anxiety in pregnancy can have harmful effects that may continue throughout the infant's lifespan [3], although this may be influenced by its timing,

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magnitude and/or chronicity [4]. The research suggests that anxiety or depression that is chronic may have an impact on the physiological and behavioral functioning of the fetus/baby, with consequences for their later development. For example, a recent overview of the evidence found that depression was associated with increased basal cortisol levels, and increased high-frequency heart rate variability, and that babies born to depressed mothers had lower motor tone, were less active and more irritable. They also had fewer facial expressions in response to happy faces, disrupted sleep patterns, increased fussiness and non-soothability, and there was increased negative reactivity in 2 and 4-month olds [5].

#### *Risks of Developing Mental Health Problems*

As part of pregnancy and postnatal care, nurses ask women questions about the following issues so they can arrange help if needed:

- Personal or family history of mental health problems or current mental health problems
- Current alcohol and/or drug problems
- Lack of available support (e.g. practical or emotional support)
- Current or past history of abuse (e.g. physical, psychological, sexual)
- Negative or stressful life events (e.g. previous miscarriage or stillbirth, loss of job or moving house [6].

#### *Mental Health Conditions During Pregnancy and after Child Birth*

➤ Bipolar disorder is a serious mental health condition that affects a small number of women during pregnancy and after the birth. Common behaviors associated with mania include increased energy, irritability, over-activity, increased spending, being reckless or taking unnecessary risks (e.g. driving fast or dangerously), increased sex drive, racing thoughts, rapid speech, decreased sleep, grandiose ideas (e.g. being famous, knowledgeable about everything), seeing or hearing things/people that are not there (hallucinations), having beliefs that are not based on reality (delusions), feeling everyone is against you (paranoia). A woman experiencing bipolar disorder during pregnancy may focus her fears and depressive concerns on her and the baby's

wellbeing during pregnancy or whether she will be a good mother. After the birth, her concerns may focus on the baby's health or feeling that she is inadequate as a parent [7].

- Some degree of worry or anxiety is normal when a woman is pregnant or has become a parent. The trouble is, too much anxiety and distress may affect her ability to enjoy her pregnancy and manage the challenges of caring for a newborn. Anxiety conditions involve excessive worry occurring on most days and significantly affecting everyday life [7].
- Baby blues-emotional distress is especially common in the days following the birth. This is known as the 'baby blues' and it affects around 80 per cent of women. Women with the baby blues may feel tearful and overwhelmed, due to changes in hormone levels following childbirth. Signs of the baby blues include being teary, irritable or oversensitive in your interactions with others, and having lots of mood changes. The baby blues usually disappear within a few days without treatment [7].
- Postpartum depression, often also called postnatal depression is a more protracted depressive mood with complaints of affective nature: the woman is gloomy, depressed, irritable, and sad. She may have complaints of cognitive and vital nature: insomnia, lack of appetite, disturbance of concentration, loss of libido. These complaints are not unique to the postpartum period, and postpartum depression is not a special kind of depression. It is true that the postpartum period is a vulnerable time for some women; circumstances associated with motherhood play a role (availability of social support, changes in life style). Postpartum thyroid dysfunction may contribute. The most vulnerable period is between 8 and 20 weeks postpartum. Depression occurring later is more protracted and more serious than in the early postpartum period. Depression has an important influence on maternal-infant interaction during the first year, because the infant experiences inadequate stimulation [8].
- Puerperal psychosis causes changes in a woman's usual behavior. These changes usually start within 48 hours to 2 weeks after giving birth, but may develop up to 12 weeks after the birth. They can be extremely distressing for the woman experiencing them and for her family. Early changes in usual behavior are insomnia, feeling full of energy or restless and irritable, feeling strong, powerful, unbeatable having strange beliefs (e.g. people are trying to harm the baby).

This may be followed by a combination of manic or depressive symptoms including manic symptoms (e.g. high energy, hearing voices or seeing things that aren't there (hallucinations), believing things that are not based on reality (delusions), talking quickly) depression symptoms (e.g. low energy, not sleeping or eating, having thoughts of harming herself or the baby, feeling hopeless or helpless as a mother) [7].

#### *Role of Mental Health Nurses in Supporting Depressed and Anxious Women During Pregnancy*

- The nurse should refer the pregnant woman experiencing anxiety and depression to psychiatrist.
- Being a good listener can be helpful if a woman is feeling anxious or depressed – this takes time but is important in terms of the developing fetus.
- Encouraging a 'mindful' approach may be helpful in slowing the body and mind, and increasing feelings of being in control. 'Mindfulness' means putting all your attention into what is actually happening in the present moment by concentrating the mind on the minute steps of the task in hand.
- Refer women to local groups who are anxious and depressed so that they can share their testimonies and come out of the blues [9].

#### *Promoting Bonding & Strengthening Early Mother-Infant Relationship*

The process of 'bonding' refers to the intense emotional connection that takes place between a mother and a baby. Although babies are born ready to socially interact with their parents, a range of factors may interfere with the capacity of the mother to bond with the baby. Overviews of the evidence from humans and other mammals suggest that the close body contact of the infant and his/her mother during the immediate post birth period influences the physiology and behavior of both [10], and that this takes place as a result of a range of mechanisms including behavioral programming, secretion of neuro-endocrine substrates and activation of sensory cues, in addition to changes brought about as a result of breastfeeding [11].

#### *Role of Nurses in Facilitating Bonding*

- Explore with the mother how she imagines this baby to be. Encourage positive images of the baby; explore further with the mother any negative

images that emerge; encourage women who appear to be 'disengaged' to think about their baby.

- Explorations that identify extremely negative images or that suggest the mother is extremely 'disengaged' should involve referral to a clinical psychologist.
- Ultrasound scans show that babies in-utero yawn, exercise, move about to get comfortable, grimace, have rapid eye movements, sleep and suck their thumbs [12].
- From around 20 weeks the unborn baby begins to respond to sound [13]. Louder sounds can make the baby startle and move about.
- As the unborn baby matures he or she can recognize different voices and the parents' voices will be familiar to the baby. A newborn can recognize music that he or she heard in the womb.

#### *Domestic Violence*

Women are disproportionately affected by domestic violence with around 30% of domestic abuse starting during pregnancy [14-15], and around 9% of women being abused during pregnancy or after giving birth [16]. According to Women's Aid, 70% of teenage mothers are in a violent relationship [17]. Domestic abuse in pregnancy is associated with a wide range of compromised physical outcomes (e.g. miscarriage; low birth weight; placental abruption and pre-term delivery), and also with postnatal depression [18] and Post Traumatic Stress Disorder (PTSD) [19].

#### *Role of Nurses on Identifying Domestic Abuse*

- Be available to listen, talk, understand and support.
- Ask women about domestic abuse sensitively, when the partner is not present, and provide multiple opportunities for disclosure.
- Provide flexible appointments and venues, and assurance that information will be confidential and not included in hand held notes.
- Offer support from a dedicated domestic abuse support worker.
- Support should also involve referral to social services for an appropriate pre-birth assessment and intervention.

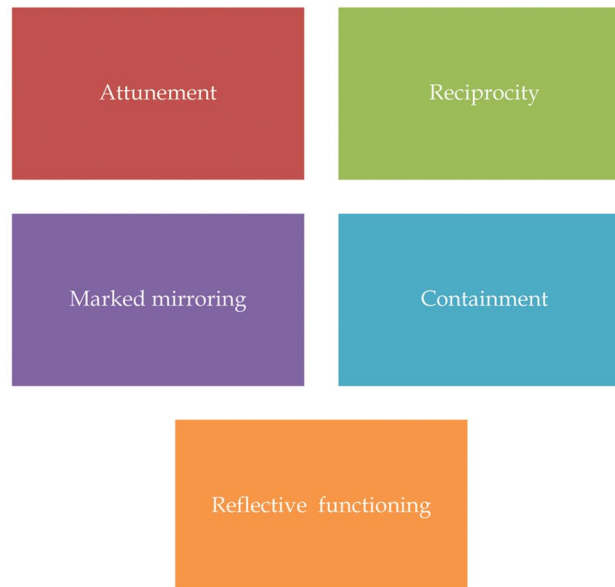
#### *Substance/Alcohol Misuse*

Substance/alcohol misuse in pregnancy usually co-exists with a range of other problems such as limited financial resources, poor accommodation and

few support networks. Women who are misusing substances are more likely to have a history of abuse or neglect, and negative experiences of parenting during their own childhoods, and to have more negative representations of their unborn baby [20]. Pregnancies are unlikely to be planned, and women are more likely to experience stress and anxiety, and other mental illness [21-22]. Knowing that these substances are harmful to the unborn child can be a powerful incentive for the woman to make positive changes and midwives should discuss these issues with women and support them to access help.

#### *Role of Nurses in Dealing with Psychoactive Mothers or Expectant Mothers*

- Be available to listen, talk, understand and support.



**Fig. 1:** Key aspects of early parenting

- Attunement refers to empathetic sharing of emotions between parent and infant. However, parents and infants are not attuned all the time and it is through healthy 'ruptures' followed by 'repairs' to attunement that much learning about interaction, and the regulation of emotions and behavior takes place [23].
- Reciprocity refers to turn-taking, and occurs when an infant and adult are mutually involved in initiating, sustaining and terminating interactions. Young babies are socially interactive and will seek to initiate interaction from an early age. When babies fail to elicit responses or are overwhelmed by intrusive responses, they will eventually stop trying to engage [24].
- Marked Mirroring happens when a parent shows a contingent response to an infant such as looking sad when the baby is crying. When parents mirror the emotion, babies recognize that their feelings are understood. 'Marked mirroring' refers to the way in which parents reflect a modified or exaggerated facial expression, which indicates to the baby that his/her distress is not the parent's distress, and can be understood and contained by them [25].
- Containment occurs when the adult tries to take on board the infant's powerful feelings and make them more manageable using touch, gesture and speech. A mother rocking a crying infant and saying sensitively 'there, there, I know you have a hunger pain in your tummy but I am just going to feed you now' is helping the baby to manage his or her emotions both now and in the future. Learning to manage emotions and behavior is a key developmental task in early infancy [26].

- Reflective function refers to the parents' capacity to understand their baby's behavior in terms of their internal states and feelings, and highlights the importance of parents recognizing their baby as an individual with their own likes/dislikes and personality traits, rather than just in terms of their physical characteristics and behavior. Infants need to have their individual gestures and behaviors accepted and to be celebrated as individuals, and continuity of care is essential so that these intimate relationships can be established [27].

### Conclusion

The importance of new mothers understanding and responding to their baby's feelings is crucial to their wellbeing and development. Although mothers are biologically programmed to respond to their baby, nurses are in a unique position to provide an enabling environment for this to take place. Supporting a woman through pregnancy, birth and the early postnatal period offers many opportunities for nurses to explore attitudes and hopes for their future parenting experience.

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