

**PARTNERS IN PERINATAL HEALTH CONFERENCE
MAY 19, 2009**

**“Maternal Mental Health:
Bringing a Hidden Dimension of Perinatal Care in to the Light”**

Jeanne Watson Driscoll, PhD, PMHCNS-BC
President, JWD Associates

Objectives:

Upon completion, participants will be able to:

- Discuss maternal mental health during the perinatal experience
- Review the psychological development of the new mother.
- Discuss ways to optimize effective ways to optimize mental health promotion in today's culture of childbearing.

Jeanne Watson, PhD, RN

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Bibliography

A Selected Bibliography:

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**Maternal Mental Health:
Bringing the hidden dimension of perinatal care in to the light**

Speaker: Jeanne Watson Driscoll, PhD, PMHCNS-BC

Objectives: The participants will:

- Discuss maternal mental health during the perinatal experience
- Review the psychological development of the new mother
- Discuss ways to optimize mental health promotion in today's culture of childbearing

Outline:

1. The importance of psychosocial care: promotion of maternal mental health and wellness
 - a. Health
 - i. "...not only the absence of disease but also the presence of vitality and influenced by the reciprocal relationships of physical and mental health"
 - ii. "Women...are socialized to be caretakers and find it hard to give attention to their own self-care; women exist in multiple contexts that affect their ability to attend to themselves."
(Stewart & Oken, p. 314)
 - b. Women's Health
 - i. biology, sociology, cultural, psychoneuroimmunology (PNI)
 - ii. Interrelationship between environment, mood, and physical health
 - iii. Impacted by: family, economics/class; race, ethnicity, religion, geographical region, generation, and sexual orientation
 - c. Mental health
 - i. Sullivan (1947): self awareness is the key to mental health
 - ii. Siegel (2002): reflected in a person's ability to adapt and be flexible in responding to internal and external change. A mentally healthy person is able to "reflect on the past, live fully in the present, and have an active sense of the self in the future". (Siegel 1999)
2. "becoming a mother", a dynamic process that changes through out the maternal child relationship. (Mercer, 2004)

- a. Psychological functioning:
 - i. Abstract
 - ii. Determines motivation, motor ability, intellectual development, perception, speech, decision making
 - iii. Adaptation:
 - 1. Process of adjusting to change
 - 2. Successful adaptation related to a person's ability to cope (conscious and unconscious mental maneuvers used to maintain emotional stability)
 - iv. Psychosocial maladaptation: an outcome of pregnancy that causes temporary or permanent changes in a person's normal personality functioning, relationships and normal roles within family and society
 - v. Psychiatric illness can result if psychological maladaptation is severe
- b. Psychosocial assessment
 - i. A dynamic process
 - ii. Begins at initial contact and continues throughout the experience
 - iii. Focus: gather information pertaining to the bio-psycho-social-spiritual data from the interaction and to assess the difficulties the person may be having with living rather than with the formulation of a psychiatric diagnosis.
 - iv. Goal: determine how the woman is feeling about and reacting to her pregnancy. The woman needs to be heard, her words used and the conversation must be in HER language
- c. Elements of a psychosocial assessment
 - i. Social history
 - ii. Level of stress: prior year and current
 - iii. Normal coping patterns
 - iv. Neurovegetative changes
 - v. understanding of the process
 - vi. Mental status
 - vii. Personality style
 - viii. Major concerns and issues
- d. Major psychosocial issues
 - i. Trust
 - ii. Self esteem
 - iii. Body image
 - iv. Control
 - v. loss
 - vi. Guilt
 - vii. Intimacy
- e. Relationships are based on
 - i. Trust

- ii. Mutuality
 - iii. Reciprocity
 - iv. Security
 - v. Validation
 - vi. Support
 - vii. Avoid assumptive thinking: clarify, validate, respect, listen
 - f. Goal of psychosocial care: integration and normalization of the pregnancy and postpartum
 - g. Provider: aware of own transference issues: perceptive reality
 - h. Emphasis on normalcy, health, universality, strengths, and developmental concepts
3. Pregnancy: a psychosocial journey
- a. "turning point"
 - i. Old problems are brought to the surface
 - ii. New problems encountered
 - iii. Increased susceptibility to influences
 - iv. Opportunity for future mental health
 - v. Altered state of consciousness
 - vi. Transition from childless life to the irreversible life of parenthood
 - vii. Heightened sense of tension
4. Tasks of pregnancy
- a. Validation, fetal embodiment, fetal distinction, role transition (Clark)
 - b. Seek safe passage of self and child; ensure acceptance of child by significant other; "binding in" with unknown child; learning to give of self (Rubin)
5. First trimester (0-12 weeks)
- a. Assess
 - i. Meaning of pregnancy
 - ii. Concerns/expectations
 - iii. Capacity to adapt
 - iv. Support
 - b. Potential responses
 - i. Ambivalence
 - ii. Estrangement
 - iii. Feeling detached
 - iv. Emotional labile
 - v. Sexual interest decreased
 - vi. Beginning body changes
 - vii. Dreams of "unknown" person
 - viii. Formation of one's personally relevant image of a unique mothering identity
6. Second Trimester (13 – 24 weeks)
- a. Assess
 - i. Experience of fetal movement
 - ii. Support

- b. Potential responses
 - i. Enhanced well being
 - ii. Shift focus from self to baby
 - iii. Increased body awareness
 - iv. Control issues: fear/regression
 - v. Introverted/passive
 - vi. Relationship to mother
 - vii. Increased anxieties
 - viii. Review potential losses
 - ix. Decreased sexual desires
 - x. Dreams: strangers
- 7. Third Trimester (25-40 weeks)
 - a. Assess
 - i. Expectations of self and partner
 - ii. Fantasy birth/postpartum
 - iii. Preparations
 - b. Potential responses
 - i. Uncomfortable physical symptoms
 - ii. Change in sexual needs
 - iii. Increased anxiety: imminent unknown
 - iv. Needs reassurance
 - v. Changes in self esteem
 - 1. employment ending
 - vi. fear of losing control
 - vii. ambivalence resolved
 - viii. dreams: trapped in small places/loss of baby, survival, death
- 8. Labor and Delivery
 - a. Loss of control
 - b. Psychological influences on labor
 - c. Increased dependency: provide security, promote trust
- 9. Birth
 - a. Climax: point of orientation
 - b. Myriad of emotions: relief, disappointed, guilt, anxiety, let down
 - c. Hard to accept infant as real
 - d. Ambivalence with providers
- 10. Postpartum
 - a. Tasks
 - i. Role attaining
 - ii. Birth experience integration
 - iii. Caretaking skills: self and infant
 - iv. Relationships
 - v. Time for self and relationships
 - b. Parent adjustments are culturally determined; learned; complex
 - c. Conflicts between ideal and real

- Role of the health care providers

- Create a trusting environment
- Meet informational needs
- Promote problem solving ability
- Promote maternal self esteem
- Mobilize coping skills
- Promote relaxation and comfort
- Provide support system referrals
- Facilitate maternal-child closeness

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