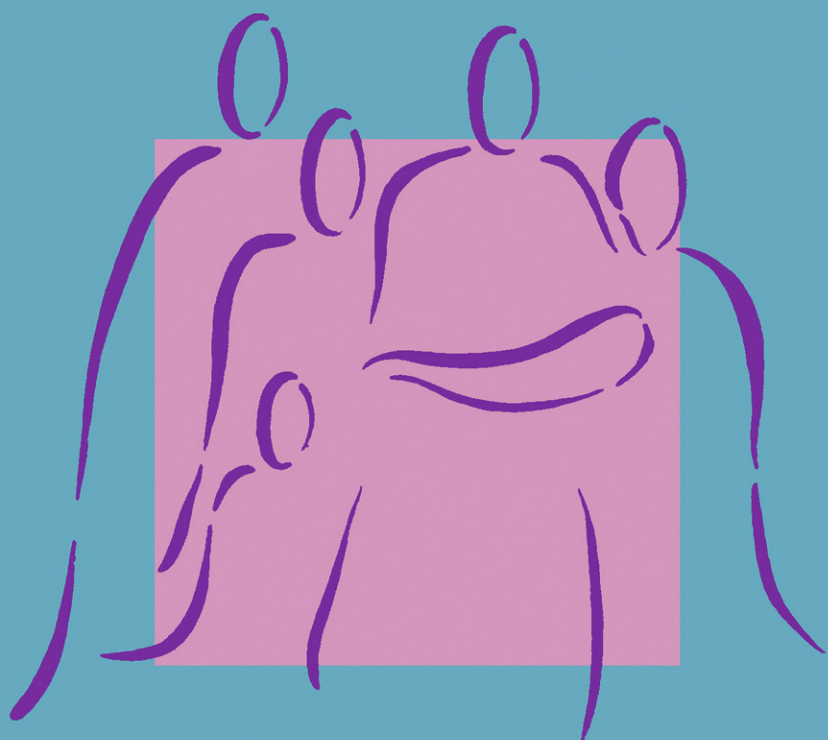


PSYCHOLOGICAL CARE FOR FAMILIES

Before, During and After Birth



Catherine A. Niven

Psychological Care for Families: Before, During and After Birth

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Psychological Care for Families: Before, During and After Birth

A research-based guide for midwives, health visitors, nurses and
other health care professionals

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To my family

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Foreword

The childbearing years are, for most families, a time when there is a great deal of input by professionals into ensuring that the woman's physical health is carefully monitored, and that she is helped to approach childbirth healthy and fit. While physical needs are met, and British women at the end of the twentieth century are, in general, well nourished and healthy, their psychological needs are not always perfectly understood and sometimes downright neglected. Our wish to improve outcomes and statistics, and reach minimum figures for perinatal mortality, can lead us to neglect the emotional and social aspects of maternity care. This book clearly spells out the importance of psychological care and the positive effect on outcomes when it is done well.

Our goal of minimal perinatal mortality has been responsible for births taking place in hospitals in almost 100 per cent of cases, and while hospital is now being questioned as the safest place to be born, women will very likely continue to be 'confined' in hospitals for some time to come. Women are territorial mammals, and when they are removed from their homes many are vulnerable and insecure. Good psychological care based on research will benefit not only the immediate family, but the community and society. Anxious, depressed, insecure people are unlikely to be competent, confident parents. We who care for women and their families have a responsibility to ensure that our care does not harm, and hopefully helps, those we care for. This book will help us achieve that aim.

I feel that everyone who reads this book will gain in their understanding of the emotional needs of families, and be able to improve the care they provide. Chapter 1 should be required reading for all responsible for setting staffing levels, as it demonstrates the improvements in outcomes that result from increased input by midwives and health visitors.

Kate Niven is not a midwife. I have to admit that my first knee-jerk reaction to this information was of the 'what does she think she knows about maternity care' variety. As I read through the book it became eminently clear just what she does know. The range and depth of her knowledge of, and feeling for, the psychological needs of childbearing women and their families is matched by academic rigour of the highest category. Kate writes as a psychologist, a nurse and as a mother, and

most importantly as a researcher who as a non-midwife takes a fresh look at midwifery and obstetric care.

I commend this book to all who are involved in providing care to childbearing women and their families, and to those studying to become providers of that care. We are special, and are specially privileged. It is our responsibility to assess the outcomes of the care we give in psychological, as much as physical, terms. Thank you Kate for helping us to do that.

Mary Cronk

Preface

The aim of this book is to improve the quality of psychological care provided for families during pregnancy, birth and the first few months of the postnatal period. It is written for all health professionals who are involved in their care but it focuses on student and qualified midwives, health visitors and nurses involved in obstetrics and paediatrics. They are the people best placed to give good psychological care to babies and their siblings, to their mothers and to the husbands/partners/lovers/friends or relatives who care for them and support them. However, physiotherapists in obstetrics and gynaecology should be interested in the sections on preparation for childbirth and on labour pain; community psychiatric nurses in the material on postnatal depression and other psychiatric disorders associated with childbearing; hospital doctors in the sections relating to hospital based care; and general practitioners in those related to community based care (though publishers tell me that 'general practitioners never buy books!').

The book deals with the many psychological aspects of pregnancy, birth and early parenthood and with their applications in community and hospital based settings. More than 95 per cent of its material is based on research findings. Therefore the book is not restricted to my opinions or experiences (however wonderful they might be) but is solidly grounded in the results of hundreds of research studies. I have concentrated on recent British research wherever possible, to facilitate the application of research findings. However, a smattering of American, European and Commonwealth studies are thrown in for good measure. I constantly relate the results of the studies I discuss to the realities of midwifery, health visiting and nursing practice and I only discuss in depth, studies which can be applied in this way.

Psychological Care for Families is organized into six chapters which follow a rough chronological order beginning with (surprise, surprise) pregnancy and ending in the postnatal period. Midwives might feel that they can concentrate on the first four chapters and leave out those related to the postnatal period (beyond puerperium) and its associated problems. Health visitors might correspondingly be tempted to skip the sections on pregnancy and birth. However, 'pre to postpartum' is a continuous process for the mother, baby and family. They cannot miss out bits of it. In order to understand any segment of that process, you

really need to understand what went before it and what is likely to come afterwards. So the book will be of more use if you at least skim every chapter, even if you only study some more thoroughly.

My name is Catherine Niven, usually known as Kate. I'm a nurse who went on to take a first and second degree in Psychology. I work as a lecturer in Psychology, specializing in Developmental and Health Psychology. Amongst my students are midwives, health visitors, community psychiatric nurses and degree student nurses doing placements in paediatrics and obstetrics, all of whom teach me as much about their specialities and about the current day-to-day realities of working in these jobs, as I teach them about psychology. I have been involved in research into labour pain, prematurity, attachment, post-natal depression and I am currently investigating stress in health care professionals.

This book was, therefore, written from the viewpoint of a nurse, a psychologist and a researcher who is fascinated by every aspect of childbearing. It was also influenced by my experiences as a mother and as a health care consumer. I have two children, now grown up. Almost as soon as I got the contract for this book I was amazed and delighted to discover that I was expecting a baby, so I have had recent experience of being the recipient of modern 'high tech' health care in pregnancy. Tragically I lost the baby a few months later. This is bound to have influenced the way this book was written.

As I say at the beginning of the introduction, I have written this book with the aim of improving the psychological care given by midwives, health visitors, nurses and other health care professionals. This does not imply that I think that the care you give just now is bad. On the contrary, I have the greatest admiration for most of the psychological care that is given. But much of it is given instinctively, rather than being the result of proper training, and lots of it is based on the professional's own experience rather than on the distilled experience of others which is provided by research. There could also be more of it, and it could be awarded a higher status.

I've tried to give practical advice on how to implement the results of research in order to improve psychological understanding and care but these are just guidelines, not prescriptions for how you should behave and what you should or shouldn't do. Giving professionals rules and regulations of that sort is, in my opinion, insulting. You are the experts in midwifery, health visiting etc., not me. It's up to you to use your expertise in selecting the material from the book which you find helpful;

to try out some of the suggestions to see if they work for you and the families in your care; and to fight to implement them if they are worthwhile but to reject them, but not the research upon which they are based, if they turn out to be unhelpful or impractical.

Kate Niven