

Maternal Mental Wellbeing During Pregnancy, Birth, Postnatal Period and Infant Development

Cut Meurah Yeni¹

*Fetal Medicine Unit, Department of Obstetric and Gynecologic Zainoel Abidin General Hospital
Syiah Kuala University, Banda Aceh, Indonesia*

Keywords : Mental, Pregnancy, Post Natal Period, Infant.

Abstract : The “transitional to parenthood” focuses on the emotional and social changes that happens during pregnancy and childbirth, and recognizing that this is a stressful time which involves both men and women as a parents. Pregnancy and childbirth are developmental phases in the family life cycle with attendant physiological changes and stresses. The physiological processes such as abdominal enlargement or the surplus of innervation that changes circulation of the blood, all constitute an added physical strain that naturally must extend to the psychological sphere. This paper provides evidence about the impact of the mother’s emotional wellbeing during her pregnancy until delivery and the transition to parenthood. The acceptance level in every single woman is vary depending on the readiness to become a mother and her emotional responses. Evidence from a range of disciplines highlights the importance of supporting women. in the transition to parenthood so that they can provide the warm sensitive relationships that babies need for optimal development.

1 INTRODUCTION

Pregnancy and childbirth are developmental phases in the family life cycle with attendant physiological changes and stresses. This paper provides evidence about the impact of the mother’s emotional wellbeing during her pregnancy until delivery and the transition to parenthood. The acceptance level in every single woman is vary depending on the readiness to become a mother and her emotional responses. The transition being a parent usually difficult and will often involve the loss of management and disruption to relationships.(Huntley, Araya and Salisbury, 2012; Phan *et al.*, 2019)

Bonding starts before conception and its quality is at play behind all and any relationship we build to establish with ourselves, others and life. Skin-to-skin contact between mother and baby immediately postnatal reduces crying, improves mother-infant interaction, keeps the baby warm, and also the further tactile, exteroception and thermal cues could stimulate babies to initiate breastfeeding more successfully. Evidence from a range of disciplines highlights the importance of supporting women. in the transition to parenthood so that they can provide

the warm sensitive relationships that babies need for optimal development.(Underdown and Barlow, 2012; Abdollahi *et al.*, 2016; Xavier, Benoit and Brown, 2018)

2 THE COMMON PSYCHOLOGICAL PROBLEMS DURING PREGNANCY

The “transitional to parenthood” focuses on the emotional and social changes that happens during pregnancy and childbirth, and recognizing that this is a stressful time which involves both men and women as a parents. Pregnancy and childbirth are developmental phases in the family life cycle with attendant physiological changes and stresses. The physiological processes such as abdominal enlargement or the surplus of innervation that changes circulation of the blood, all constitute an added physical strain that naturally must extend to the psychological sphere. Personal women’s developmental experiences, current life situation and ability to adapt are the key role for the severity of the problems.(Huntley, Araya and Salisbury, 2012)

The acceptance level in every single woman is vary depending on the readiness to become a mother and her emotional responses. If the woman sees her pregnancy from negative perspective, she may think that herself as unattractive, vulnerable and uncomfortably dependent on other. This attitudes likely to give more anxiety and irritability which will affect the fetus.(Phan et al., 2019)

Persistently high levels of stress hormones from feeling such as anxiety and irritability such as cortisol, are known to have damaging effects on the development of neural pathways in the fetal brain. Two primary systems that mediate the influence of women's moods throughout maternity square measure the involuntary systema nervosum and system. For example, Elevated/chronic sympathetic nervous system activation increases release of catecholamines and vasoconstriction which increasing catecholamines levels will increases maternal vasoconstriction and blood pressure and eventually vasoconstriction alters utero-placental blood flow reducing element and calorie intake to the vertebrate influencing foetal Central systema nervosum development.(Xavier, Benoit and Brown, 2018)(Phan et al., 2019)

The birth of a baby will generally place stress on a relationship given the big changes that such an addition to the family brings. The transition being a parent usually difficult and will often involve the loss of management and disruption to relationships. Most parent can deal with this life changes such as tiredness to take care of the baby that sometimes will affect sexual desire, until everything are under controlled.(Abdollahi et al., 2016)

2.1 The Mother's Emotional Changes During Pregnancy

Most women are aware of the enormity of the change that is about to befall them, and are aware that they are more prone to anxiety and worry and more emotional than they were before the pregnancy. There are inevitable feelings of responsibility, or apprehension, and a sense of embarking upon a voyage into the unknown, with consequent alterations in emotional and cognitive state that change as the pregnancy progresses. (The Royal College of Midwives, 2012)

In the beginning of pregnancy, the woman is now in a state of 'being pregnant'. Her mood is related to either the joy or upset at being pregnant, and also very much related to how distressing she finds the common problems of fatigue and nausea. Tearful- ness and irritability are quite common. For

those women who have had a previous miscarriage or a threatened miscarriage in the current pregnancy, it may be a particularly anxious time. It is quite common for women not to 'trust' their pregnancies until they are well established, and to avoid informing other people or making preparations for the birth until they are convinced that the pregnancy is viable.(Period and Revisited, 2012)

In the second trimester, the woman begins to 'expect a baby'. Fetal movements and her visible expansion makes the developing baby an increasing reality. It becomes personalized and many women name and talk to their fetuses and worry about them in a highly personalized way. Generally, women feel both physically and emotionally well during this stage of their pregnancy. They have to rely upon professionals and their technology to tell them how their baby is progressing, as most of the complications of pregnancy are symptom-free in the mother. This inevitable reliance upon professionals can bring about a distressing feeling of a loss of personal control, or autonomy, compounded by busy and impersonal antenatal clinics, and rarely seeing the same doctor twice. All women are anxious and worried to a greater or lesser extent about the well-being of their developing fetus. It is important that they should receive adequate information as well as reassurance at all times, but particularly about the purpose and results of investigations no matter how routine they may be to the clinician ordering them. During this stage and continuing throughout the pregnancy and puerperium, women easily become guilty. They are likely to attribute any adverse event in their pregnancy to their own lifestyle, personal habits or emotional state.(Letourneau, Tramonte and Willms, 2013)(Bildircin *et al.*, 2014)

In the last trimester, the women's coping resources are relatively diminished and they will find it more difficult than normal to manage major upheavals in their family life and events such as moving house. During the last months of pregnancy the anxiety and apprehensions begin to subside. As the survival of the baby becomes assured, she becomes increasingly impatient with the pregnancy and wishes for delivery. Emotionally she slows down, with a tendency to withdraw socially, becoming increasingly preoccupied with preparing for the baby, although she remains easily moved to tears. During this last month to two weeks, her concentration, recent memory and new learning ability decline slightly and difficulty in sleeping is common. This, together with day-dreaming, an increasing absorption in the forthcoming birth and physical discomfort, may lead to intellectual tasks

becoming more difficult. This may be of importance if the woman has high expectations of working in intellectually very demanding positions right up to the point of delivery, or if she intends to undertake difficult tasks during maternity leave.(The Royal College of Midwives, 2012)

2.2 The Doctors and Midwives Responsibility in Supporting Maternal with Mental Health Problems

In this area doctors and midwife has the responsibility so support maternal with mental problem. Support and encourage psychological adjustment to pregnancy, childbirth, breastfeeding and parenthood are essential in antenatal care.(The Royal College of Midwives, 2012)(Huntley, Araya and Salisbury, 2012)

- Doctors and midwives has to promote awareness of all the changes that might be happen during pregnancy, childbirth and postnatal period.
- Monitor the progress of pregnancy to ensure the maternal - fetus health and wellbeing.
- Build a trusting relationship with the patient is required since it is essential in antenatal care giver
- Provide the patient with information which might be useful for informed decision

It is the responsibility of the care giver such as midwives or community nurses, to look for every woman in the environment that need health assistance and must be followed up to make them come back to the health provider. Women who do not look for health care at the right time may be at higher risk of developing pregnancy complication.

3 BIRTH – SUPPORTING BONDING

This section focuses expressly on the birth and particularly the parents' experiences of the birth and therefore the impact of traumatic birth experiences on the developing relationship with the baby. It conjointly examines the proof regarding the importance of 'bonding' and what midwives will do to push the first maternal-infant relationship.

Bonding starts before conception and its quality is at play behind all and any relationship we build to establish with ourselves, others and life. A prime

quality bonding is predicated on immediate response to the unborn baby's primal needs. Otherwise the baby feels lonely, neglected or abandoned, in despair, loses contact of his true identity, disconnected from his internal rhythm, etc., and a lot of healing work needs to be done to re-establish the balance lost. Women's emotional experiences during childbirth are so varied that it is difficult to make generalized statements. However, no matter how well prepared the woman is, the experience of first delivery must always come as something of a shock. It can take place in the middle of the night, usually in the unfamiliar surroundings of a hospital, and in the company of professionals who the woman will not have met before. No matter how well rehearsed in antenatal classes, the physical sensations of labour are powerful, uncomfortable and strange.(Van Der Waerden *et al.*, 2015)

All women will be in a high state of arousal and it is very common for women to feel depersonalized (as if it is happening to somebody else) or derealized (in that everything around them seems strange and unfamiliar). They may be successfully coping with the first stage of labour with the help of the exercises they have been taught, only to find the sudden transition from first to second stage produces alarming and unexpected sensations, frequently producing transient episodes of panic and fear of losing Control(Huntley, Araya and Salisbury, 2012) Unfamiliarity with procedures and the sensations of delivery, together with a fear of the unknown, can lead to high levels of distress in a woman in labour, which can interfere with her management and later with her memories of, and satisfaction with, the experience of childbirth. Of all the factors which impact upon this state, one of the most important would seem to be the continuous presence of a midwife during delivery. Despite the now almost universal practice of the woman's partner, or other relative, being present during delivery, the fear of being left alone during labour is as real as in the past and the continuous social support of a midwife reassuring and explaining is as important as it ever was.(Van Der Waerden *et al.*, 2015)

Skin-to-skin contact between mother and baby immediately postnatal reduces crying, improves mother-infant interaction, keeps the baby warm, and also the further tactile, exteroception and thermal cues could stimulate babies to initiate breastfeeding more successfully. Newborn babies tend to be a lot of alert among the primary 2 hours of life, and this could be thought-about a crucial time for initiating triple-crown mother and baby interaction.(The Royal College of Midwives, 2012)

4 POSTNATAL PERIOD

Postpartum period may vary in every woman, If all has gone well and a normal, good birth-weight baby has been produced which can be handed to the mother immediately, then the commonest immediate reaction is one of ecstasy and relief. However, any concern whatever for the baby, no matter how trivial, will be extremely alarming to the mother. Her perception of time will be altered so that attention to the infant that lasts only for a few seconds will appear to the mother to be lasting for hours. Those mothers whose infants require resuscitation or transfer to the neonatal unit will be extremely anxious and fearful, and should be given an opportunity to see their baby and handle it as soon as possible, as well as the appropriate reassurance and information about its welfare. (Bildircin *et al.*, 2014)

Under normal circumstances, with the infant given to the mother as soon as it is born, there is a culture constant pattern of behaviour which involves the mother greeting the baby and engaging in eye-to-eye contact with her infant. The baby at this stage is usually awake and relaxed. She begins to explore her baby, peripherally first, but then eventually will unwrap and examine its body. Towards the end of this process the baby may make sucking movements and the mother may indicate that she wishes to suckle her baby.

A sensitive attendant will notice the clues and facilitate this process. However, it is important not to rush the mother or to force her to do something which she is not comfortable about. An opportunity to feed the baby after delivery is related to later satisfaction with the baby and ease of feeding. For those women who have decided not to breast-feed, the opportunity to bottle-feed their baby in the delivery suite should be offered. This phase, which lasts up to eight hours, is usually terminated by sleep on the part of both mother and infant. Although it is obviously an important and pleasurable time of mother/infant attachment, it is probably not crucial to the human being (Bartels *et al.*, 1999)

The majority of mothers deprived of this experience, because of early neonatal separation, make perfectly good attachments to their babies at a later stage and develop close relationships with them. For a minority of women the immediate response to their newborn baby is one of flatness and an absence of emotion, and even for an unfortunate few, one of active distaste. Sometimes this is the result of a long and distressing delivery, or the use of analgesia or anaesthetics. Most of these women will gradually settle over the next 24 to 48 hours, and

only a very few will have a more prolonged difficulty in establishing a relationship with their newborn child. (Van Der Waerden *et al.*, 2015) (Aitken *et al.*, 2016)

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