Emotional Aspects of Maternity Nursing

By

Gnanaselvam David, R.N., R.M.,

Certificate in Advanced Administration and Education in Nursing, University of Toronto, Canada. Christian Medical College, Vellore, S. India.

The physical health of the mother at the time of conception and during the prenatal period will affect the growth of the organism which has begun its life as a minute cell within her body.

Influence of the Mother's Emotional Health :

A pregnant woman's emotional health is as important to the child as her physical health. Her mental health determines how far she is able to take advantage of any health instruction given to her. In a pregnant woman, emotional upsets will interfere with her nutrition.

Each pregnant woman is an individual with feelings and attitudes towards her pregnancy which are personal and meaningful to her. The expectant mother's attitudes, feelings and fears in relation to her pregnancy need consideration if she is to be assisted in making a good adjustment to this new venture which is a fulfilment of her deepest and most powerful wish. Whenever and wherever the nurse meets her, the pregnant woman as a person must be her primary focus of interest. To consider only the woman's physical health and needs without considering her emotional and mental response to pregnancy is to neglect a phase of nursing which is of great importance.

Pregnancy causes changes in a woman's life. It upsets established equilibrium and may precipitate anxiety and tension. To many women, marriage brings security, a satisfaction of dependent longings and a solution to disturbing conflicts. In instances in which marriage has an over-abundance of these meanings for a woman, pregnancy may bring insecurity and varying degrees of emotional disequilibrium.

Success in helping expectant parents depends upon the nurse's knowledge, attitudes and skills. She must understand what the individual is going through as the individual ventures into a new experience which is making new and difficult demands upon her. She needs knowledge to understand the common problems, the usual worries, conflicting feelings and fears and to appreciate from whence they come. She needs skill in creating an atmosphere which makes it possible for the woman to disclose the emotional disturbance which is causing her discomfort and making pregnancy unsatisfactory.

The expectant mother needs a nurse who has skill in listening, the capacity to relieve conscious fears and the ability to help her without being too authoritative.

The pregnant woman must understand the emotional changes which take place within her body as a result of her pregnancy. New emotional needs are created and they strive for gratification. The pregnant woman's interest becomes centred on herself, her body, her feelings and her unborn child. She becomes withdrawn, contemplative, anxious. She becomes less sensitive to the needs of her husband and other children. This is not because she loves them less, but because physical and emotional changes heighten her self-interest. She daydreams about her baby, its sex and the possibilities of its future achievements.

The pregnant woman needs freedom from anxiety and frustration so that

happiness and psychological growth can be achieved. During the prenatal period, the expectant mother needs specific guidance to alleviate her apprehension concerning her ability to take proper care of her child after it is born. This is especially true in the case of primi para. The nurse can teach expectant mothers the principles of child care and can assist them in learning how to handle infants. When expectant mothers have gained security and confidence they can handle the problems of the post partum period with greater equanimity.

A prepared mother will give her infant security and comfort more abundantly than the mother who is anxious, uncertain and overwhelmed. Expectant mothers usually want to know how to feed, handle, bathe and dress an infant.

There is no more trying period in a woman's life than the last two weeks of pregnancy during which she is waiting for the baby to be born. She not only wants her baby but also she wants to get rid of the pelvic burden and to be again a freely mobile person.

Emotional Phases During Labour :

The mechanical part of the act of parturition is subserved by a magnificent apparatus. The woman has a brain, a mind, an extremely sensitive nervous system from which impulses act and react upon the mechanism.

How could we expect a woman to be successful in the task of bearing a child if she was not equipped with adequate knowledge? Yet, women are allowed to enter upon the most important task of their lives untutored, untaught and unassisted. Therefore, women must be educated in pregnancy as soon as they report at the clinic or to the midwife. They must be tactfully, gradually and carefully initiated into the mysteries of the act they are going to perform. This should include antenatal care and preparation for childbirth such as relaxation, respiratory exercises and adequate rest. Preparation for home delivery would include house cleaning and making baby clothes and diapers.

They should be taught that they have a uterus in which the baby is growing, that the uterus is made of muscle and grows with the child and that they are already feeding the child and that it is necessary that they themselves should take some care of their own diet.

Effect of Fear :

In the presence of fear, labour would bring about rigidity by sympathetic nerve-fibre stimulation, and the muscles and organs supplied by that nervous system would also be in a state of tension. The outlet of the uterus would be relatively rigid and the cervix resistant to dilatation. There would be tension not only in the person herself but also in the apparatus of reproduction. The presence of fear is therefore a direct cause of somatic manifestation giving rise to the real pain of labour.

Fear causes the outlet of the uterus to be in a state of chronic contraction. The longitudinal fibres of the uterus struggle to release or burst through that resistance of the circular fibres of the uterus, increasing enormously the tension within the organ itself and thereby stimulating the receptors of pain.

It is important, therefore, to remove the fear and the tension, for the amount of suffering in labour is more due to them than due to other causes.

Once that fear is removed, the pain in labour becomes negligible.

Stages of Labour

First Stage :

First stage of labour is the stage of initiation and expectancy. When labour pains start, the woman realizes that she is completely helpless in relation to her uterine contractions. She is in the power of forces over which she has no control. Mere man would be alarmed under the circumstances but woman has a better mental make up that makes her bear up.

When the cervix gets three-fifths dilated the woman becomes uneasy in her mind. What she desires is company. It is not physical pain which gives rise to the distress at this stage but it is the first emotional menace of labour. It is at that time no woman should be left alone. There is no greater obstetric crime than to leave a woman in a room by herself at three-fifths dilatation and tell her "You are not going to have your baby for another ten or twelve hours"; "We have no time to stay with you", "Do not make a lot of noise. We will come and see you from time to time". That is the way to ruin a woman's labour, indeed, a way to ruin her whole life, for pain and terror beyond control will give a psychological foundation to future experience that even time will not rectify.

If that phase is well cared for she will carry on with assistance and regain considerable confidence before the cervix is four-fifths dilated. This is the time when a sedative should be given, if it has to be.

Second Stage :

Then we come to the transition from the first to the second stage, The transition is the great testing period of labour, for then the cervix is dilated to its fullest. Many women definitely have pain at this stage even in the most normal labours, because of the tension brought about at the ultimate dilatation of the cervix. *This is the second emotional menace of labour.* It is a period fought with anxiety and perhaps pain. Here is a time test of the woman's faith and fortitude.

She would give anything if she could be relieved of it, and that the second stage was better because she could do some work by pushing down her baby through the birth canal.

The next menace is stretching of vulva at the time of crowning of the head. They will describe it as a feeling of bursting or burning or stinging down below. This disappears quickly in the vast majority and there is almost complete anaesthesia of the perineum within one half to three-quarters of an inch of the vulval margin. There is no sensibility whatever to the tear. There is no pain. The woman feels only a sudden release and afterwards there appears a massive laceration sustained almost without her knowledge and she is disappointed when she is asked to submit to the stitches.

Therefore there are not only the physical factors but also the emotional factors which intensify the stimulus. The mind, however, can usually be made to take charge of the situation without the necessity for anaesthetics or even sedatives. It is slightly different in a multi para because the relaxed labour is so short that these phenomena run on top of another.

Third Stage :

Twenty minutes is the minimum time to expel the placenta. During that time while the urge to expel the afterbirth is occurring, the woman is subjected to another wave of anxiety as the uterus contracts, though she cannot feel anything. The passage of the placenta is a source of very great satisfaction. It conveys a sensation which the woman will explain as the end of a glorious episode.

At the end of this great event we very often forget to show the anxious mother, her child. Many women like to know whether the child resembles her husband, whether it is fair or dark, though many of them camouflage the feeling with shyness.

Puerperium :

The maintenance of normal emotional reactions throughout labour extends its benefits to the puerperium. A complete absence of shock or physical weariness enables her to get up from bed on the second, third or fourth day after delivery. The attitude towards her infant is one of personal possession and the progress of the baby is always satisfactory.

A number of women suffer great torment by their babies not being in their presence. They know that the infant is in the nursery, but that is not enough for them. They are anxious and overwrought with worry. Mothers do not often speak of such thoughts aloud, but close examination and tactful discussion frequently leads to the discovery of this state of mind. That has undoubtedly been the direct cause of delayed or inefficient lactation.

The care of a woman's mind is as important as the care of her body, for no amount of concentration upon the purely physical activities of child birth can obtain the best results in labour unless the emotions are guided and their normality preserved.

Obstetrics and midwifery are no longer the mere art of producing a baby. The most important is that the safety of the mother-child relationship must be made. In the hands of midwives, the foundation of society rests and her ability to promote untarnished the genius of mother-love is her greatest asset, for it must be remembered that health, both physical and mental, is directly dependent upon the perfection and correction of the emotional and physical functions of the individual.

Perineal care must be given with aseptic technique to prevent infection and to promote healing.

The following points must be always remembered in this connection:

Encourage involution of the uterus by encouraging drainage of lochia.

Encourage mother to suckle her baby.

Encourage early mobilization.

Encourage elimination of bowels.

See that bladder is empty (free from collection of residual urine).

Guard against cracked nipples and engorgement of breasts.

See that she takes a good balanced diet.

Teach her to take exercise and aim to achieve a happy motherhood and a contented baby.

The greatest emphasis must be laid on prophylactic measures. This entails looking out for anaemia, urinary tract infection, dental sepsis, and as far as possible, alleviation of factors of psychological stress arising from economic and domestic burdens. Sound physical and mental well being is the best insurance against sepsis after labour. Skilled obstetric supervision with minimisation of the dangers attending delivery is the second important measure in prophylaxis. The modern system of antenatal supervision has gone far in achieving these objects but we feel that strict routine supervision is called for.

A cheerful and harmonious ward atmosphere is an indispensable basis for all therapy. It all depends on the ward sister. It falls to her lot to deal with clashes of temperament among patients and to exercise quiet but strict discipline, patience, being neither irksome nor unreasonable but ensuring smooth work.

Bibliography

Hildegard E. Peplan...Inter-personal Relations in Nursing. G. P. Pitman's Sons, New York.

Florence G. Blake ...The Child, His Parents and the Nurse. J. B. Lipponcott Company.

Grantly Dick Read...Discomforts of Childbirth, Nursing Mirror, June 1949.

Lois Gatliff ...Labour and the Puerperium, Nursing Mirror, October 1955.

Joint Committee of the Royal College of Obstetricians and Gynaecologists. Nursing Mirror, December, 1948.

Arthur C. Gee ... The Public Care of Mother and Child. Nursing Mirror, December 1948.

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