

## **HOW DO THEY KNOW WHAT THEY DON'T KNOW**

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The decision to start a family is either the result of clear thinking and careful planning or a revelation that you are pregnant. In most cases the anticipation of the birth generates a range of emotional responses that vacillates from excitement to anxiety.

In what ways does our healthcare system support women and families as they begin the journey of parenting their newborn?

The present treatment arrangement for pregnant women consists of carefully spaced office visits throughout the pregnancy. It has become a surveillance package. Included in these visits are scheduled ultra sounds and blood tests. These tests attempt to identify genetic problems which affect the fetus as well as chemical changes that potentially jeopardize the women during their pregnancy.

Following a brief hospital stay, (2 days for a normal vaginal delivery, 4 days for a cesarean delivery) after the delivery of the baby the new mother, baby and family leave the hospital. The mother is instructed to return to her obstetrician in 6 weeks for her post partum assessment. She is also instructed to schedule a pediatric visit 1-3 days after the hospital discharge.

Because of the usual discharge process, the new family often arrives home in the late afternoon or early evening. The new parents are left to their own devices! Emotions range from exhilaration to sheer terror.

If the hospital personnel and mother time the discharge carefully, the new mother qualifies for an Early Maternity Discharge skilled nursing home visit, which her health insurance generously pays. This visit occurs within 24-48 hours after the hospital discharge and assesses the new mother's post partum recovery, and assesses the new baby including weight and feeding. A significant aspect of this visit includes teaching and support. Although the visit is focused primarily on the new mother, the partner is often included in the teaching and discussion.

Common issues that confront the new parents include breast feeding challenges, sleep deprivation, navigating and organizing the home to accommodate the new arrival, comforting a crying newborn, assessing the infant's skin color, worrying about temperature fluctuation, and remembering to take care of oneself.

Available options to avoid a crisis include: place a call to the pediatrician, who the couple frequently doesn't know, call her mother or a friend, or go on-line. Very often none of the options will be initiated.

## **How do you know what you don't know?**

This is a lopsided arrangement for post partum care, post partum recovery, and initial parenting especially in a nuclear family configuration. A nuclear family arrangement often isolates the couple. It can impact on a strong support network by geographical distance. The absence of the "extended" family is driven by society's pride for independence. Thus, an invaluable extension of care provided to the couple by a strong social network is often non-existent. The predominant family arrangement and minimal health care services can contribute to the erosion of maternal confidence, which often impacts on breastfeeding success. One couple far away from family and friends, recently confided during a long distance telephone call, "I don't think we can do this!"

Is this the initiation into the parenting club?

"The transition to motherhood is an event central to women's experience, setting in motion a complex process of change in both inner and outer worlds. Arrival of a first child leads to shifts in identity, in intimate relationships and in roles and responsibilities." (McCannell, 1988)

"Becoming a parent advances men to changes in their own development, changes in how they relate as a couple, and changes in how they view themselves in the world at large."(Fraktman, 1997)

## **What information needs to be considered?**

This is not a job like any other.

The labor and delivery did not go according to "plan". It's not what they expected!

Expectation for success is based on the individual's previous training and work experiences.

Most couples have had little to no experience caring for newborns, let alone even being in the company of one.

Couples leaving the hospital are bombarded with information, some of which is conflicting.

Many parents are terrified that the baby will succumb to SIDS

Many feel guilty if they "give in" to one feeding of formula.

Many believe that they are the only ones experiencing this anxiety provoking conundrum.

"In a society which promotes motherhood as life's greatest satisfaction, there is little discussion of the trials of being a new mother." (Rose, 1989)

## **What information should be included in a new couple's preparation for parenthood?**

Parenting is a life transforming event. How prepared is the couple? Who prepares them? What is the focus of the preparation?

Breastfeeding is not an instinct but rather a process that often takes time, learning, and support.

A strong social support network facilitates a smooth transition to parenting.

Every new mother does not receive an Early Maternity Discharge Home visit. An Early Maternity Discharge visit may not be enough to meet the new parents' needs.

An Early Maternity Discharge provides limited social support.

An Early Maternity Discharge is time sensitive and time limited.

An Early Maternity Discharge visit is standardized. It implies that one size fits all.

## **What should they know?**

Findings from a McGill University study suggests that home visiting, especially in the prenatal period, begins a unique relationship between the expectant mother and the home visitor. This relationship continues with subsequent visits in the immediate post partum period. (Larson, 1980) The visits provide support, confidence building, and teaching. Researchers, Thoits(1982) and Belsky(1984) both support the concept of providing support before stressors emerge. Thoits is an advocate of improving and strengthening social supports rather than reducing exposure to stressors. Belsky agrees but stresses the importance of determining the degree of support provided rather than focusing on the reduction of stress.

Another study found that post partum home visiting increased the duration of breastfeeding among inexperienced women. (Hopkinson and O'Brien, 2002)

Aren't all first time mothers inexperienced in the art of breastfeeding?

What do other countries provide?

The Netherlands provides a continuous one week to ten day home care program.(Benoit et al, 2001)

Great Britain provides four weeks of home visits.

Canada provides a prenatal visit followed by six weeks of post partum visits.

What is more striking is the lack of research literature that focuses on maternal child home visiting. What one finds are the multiple home visiting programs that target "high risk" populations representing women who have a history of substance or alcohol abuse. Other groups of women labeled "high risk" include low income, limited education, living in poverty, single mom, teen mom, or immigrant mother.

Paid Parental Leave is an additional way to support new parents. The United States is the only industrialized country that does not provide Paid Parental Leave. What is the message that is delivered to our childbearing families?

Marcia Meyers and Janet Gornik, in their article, “What we can learn from how other nations support families that work” (November, 2004) highlight government programs in Sweden, France and Canada that support new families with paid parental leave, and entitlement to public child care. They stress that the policies in these countries “support the provision of safe, developmentally nurturing care for children from birth until the start of primary school.”

### **In what way can our childbearing women be supported?**

A multidimensional, individualized approach to social support appears to be the best framework to employ. A universal social support model may reach many more families, reduce stress levels and assist in a smooth transition into the parenting role.

“If support is related to disorder directly then a case could be made for promoting support among the general population, not just those in high risk stressors. If support was seen as meeting basic social needs, promoting it among only high risk groups might ignore the majority of potential beneficiaries.”(Vaux, 1988)

### **What should be included in a multidimensional, individualized framework?**

#### **Home visiting!**

A home visit in the last trimester of the pregnancy can begin the relationship between the healthcare professional and prospective mother and her partner. The healthcare professional can be a nurse or doula. Information gleaned and imparted during that visit can lay the foundation for support for the new family in the immediate post partum period.

Inquiring about potential support provided by family and friends is invaluable information. It is the beginning of a dialogue that helps the couple develop strategies for a smooth transition into the parenting role. It is an opportunity to assess the needs of the couple as they begin to prepare for the idea of bringing their baby home. This inquiry asks, “Who will be there for you? Who will help with the cooking, laundry, shopping, and reassurance that you are doing a “good” job?

Unlike an Early Maternity Discharge this home visiting model is timed to meet the needs of the family unit rather than the health insurance. If the couple is receptive to a 24-48 hour after discharge visit they can be accommodated. The visit, however, is not a single, isolated visit. It builds on the prenatal visit and continues for several weeks post partum.

Phone calls to the couple in between visits convey a level of caring and continued support to the new parents.

A home visit within 3-5 days after the discharge from the hospital can be most helpful. The couple has an opportunity to begin to adjust to the new baby in the home environment. The couple will have formulated questions about the infant, breast feeding, and overall adjustment as new parents. If the new mother is breast feeding, her milk will most likely be in. This often generates additional challenges, questions, and need for support and validation that “I’m doing it right”. Her most pressing question is, “How do I know my baby is getting enough?”

A second visit, one week later can be helpful in many ways. The healthcare professional has an opportunity to assess the couple’s progress as they adjust to their new role as parents. Anticipatory guidance begins the discussion about the new mother’s partner preparing to return to work. Often the partner returning to work creates additional stress for the couple. The new mother and infant are alone for the first time. What support, if any, is available? Who will be there for you? Some couples have organized a plan for extended family to come and stay at this juncture. Some couples don’t have that available resource. The visit provides an opportunity to explore how the new mother will adjust to being alone with her infant. It allows for a discussion about resources and available support groups. Strategies for managing to care for one’s infant and oneself can be explored during a home visit.

Subsequent visits, based on the needs of the couple, continue the process of providing support, validation, and teaching. It is a window for the home visiting professional to assess the progress and needs of the new family unit.

### **In What Way Can We Help Them Know What they Don’t Know?**

Presently, our healthcare system does not provide a home visiting model that I have outlined. New parents are sent home with their new baby and left to their own devices to muddle through the challenge of feeding, and caring for their infant. They lack confidence, experience high anxiety, suffer from sleep deprivation, and somehow make it through.

This should not be the standard maternal/child care in the richest country in the world. It can often be the recipe for post partum depression, for marital discord, and feelings of failure as a new parent. If we, as a society, truly believe that the future of our country is our children, we must assume the responsibility to provide the best preparation and care for new families. We must support the efforts of each family as they embark on their parenting journey. As a healthcare provider I am committed to informing women, couples, prospective parents, and new parents that there are better ways to help them traverse the hardest job they will ever face.

**About the Author:**

Marilyn Fraktman has been a practicing nurse for over forty-seven years. Her nursing practice has ranged from OR nurse with a specialty in Neurosurgery, child psychiatric nursing, and home visiting. She has been a maternal/child home visiting nurse for fourteen years. She has earned a Master of Science in Education at Wheelock College and a PhD in Educational Studies at Lesley University. Her dissertation, "Determining Degrees of Support for First time Parents in the Immediate and Early Post Partum Period" has provided her with invaluable insight into supporting new parents as they transition into the parenting role. She has taught nursing students at New England Baptist Hospital School of Nursing, undergraduate and graduate students at Wheelock College and Lesley University.

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Dr. Fraktman has begun to provide a home visiting fee for service program entitled, *Smooth Transition: A Pathway from Pregnancy to Parenting*. She is in the process of contacting Health Insurance providers with the hope that these companies will reimburse her for her service.