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# Pregnancy, Bedrest, and the Family: Development of Communicative Tools Which Reflect the Stressors and Coping Strategies of Childbearing Families Requiring Bedrest During Pregnancy

Amy R. H. Weeks

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PREGNANCY, BEDREST, AND THE FAMILY

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Amy R.H. Weeks

The University of Alabama in Huntsville

College of Nursing

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## Pregnancy, Bedrest, and the Family

Pregnancy, a normal developmental event may be accompanied by many complications that can put stress upon a family unit. Pregnancy induced hypertension, preterm labor, and bleeding disorders are some of the complications that can cause physiological problems during pregnancy, thus turning a normal pregnancy into one considered to be high risk (Josten, Savik, Mullett, Campbell, & Vincent, 1995). While the physiological effects of high risk pregnancies are experienced primarily by the childbearing woman, the concomitant psychosocial effects are experienced by the entire childbearing family unit.

### Family Dynamics of Pregnancy

Pregnancy can be described as a developmental stage consisting of distinct developmental tasks. It can be a time of support or conflict for a family, depending upon specific family dynamics. Family strengths invaluable during pregnancy include the ability of family members to discuss important issues, to resolve conflicts and make compromises, and to seek and receive assistance from support systems. The availability of social support is a vital factor in a family's psychosocial well-being during pregnancy (Olds, London, & Ladewig, 1996).

During pregnancy, the expectant mother and father both face significant changes and must deal with major psychosocial adjustments. Other family members, including children and grandparents-to-be must also face psychosocial adjustments. Regardless of whether or not a pregnancy is considered to be high risk, it necessitates a reordering of social relationships and changes in roles of family members. Specifically, family members meet the stresses of pregnancy based upon their emotional makeup, sociologic and cultural background, and acceptance or rejection of the pregnancy. Pregnant women may manifest

similar psychological and emotional responses during pregnancy including ambivalence, acceptance, introversion, mood swings, and changes in body image (Olds et al., 1996).

Until recently, expectant fathers were often viewed as bystanders to a partner's pregnancy. The father of today is expected to fulfill the role of provider as well as the role of a nurturing and involved parent. Previously, little attention was given to his needs, responses, and adjustments during pregnancy. Research now suggests that a father's stressses, adaptive behaviors, and developmental processes are as complex as those of his mate (Olds et al., 1996).

The stressor most frequently identified by expectant fathers is financial concern. Research also suggests that other sources of stress include concern about the baby's health, about unexpected events during pregnancy, and uncertainty about the pain their partner will feel during birth. Furthermore, fathers are often concerned about the changing relationships with their partners, family, and friends and about their roles during the labor process. The extent of ambivalence that a father may feel is dependent upon many factors, including his age, whether the pregnancy was planned, and previous experiences with pregnancy (Olds et al., 1996).

The anticipation of a new baby into the family can result in sibling rivalry from childrens' fears of change in the security of their relationships with their parents. Some of the behaviors demonstrating feelings of sibling rivalry may even be directed toward the mother during the pregnancy as she experiences more fatigue and less patience with her children. Parents must attempt to recognize the situation early and begin constructive actions to help minimize the problems of sibling rivalry (Mercer, 1990).

A pregnancy quite often promotes a closer relationship between an expectant couple and their parents. Usually, the expectant grandparents become increasingly supportive of the expectant couple, even if disapproval and other conflicts were previously present. However, difficulty may arise as grandparents strive to find a level of involvement in the pregnancy that is acceptable to the childbearing couple. Some grandparents may not be as involved as others due to changing roles in their own lives and concerns such as retirement, financial planning, menopause, and death (Olds et al., 1996).

Pregnancy has specific effects on each member of a family. The mother will experience physical and emotional effects, while other family members will experience some degree of psychosocial involvement. The degree of involvement becomes even more intense when the pregnancy is complicated and bedrest is prescribed for medical management. Discussed below are some pregnancy complications which may require bedrest therapy.

Pregnancy Complications That May Be Managed By Bedrest Therapy

Bedrest is prescribed during a complicated pregnancy with the assumption that it is helpful for the fetus and allows the mother to devote more energy to the metabolic demands of the baby. Many complications can be treated with a bedrest regimen, but some of the more common indications for bedrest include placenta previa, pregnancy induced hypertension, and preterm labor. In placenta previa, the placenta is improperly implanted in the lower uterine segment and may cause bleeding as the pregnancy progresses. Any of the following interventions may be employed to manage this condition: bedrest with bathroom privileges, no rectal or vaginal examinations, frequent fetal heart rate evaluations, complete laboratory evaluations, and intravenous fluid infusion (Olds et al., 1996).

Pregnancy induced hypertension (PIH) is characterized by the development of hypertension, proteinuria, and edema that can eventually lead to convulsions if left untreated. The specific cause is unknown, but it occurs in six to eight percent of all pregnancies in the United States. The goals of medical management are prompt diagnosis of the disease, prevention of maternal cerebral hemorrhage and convulsion, and birth of an uncompromised newborn as close to term as possible. To reach each of these goals, reducing an elevated blood pressure is essential. Nursing interventions for treatment include providing for bedrest to decrease pressure on the vena cava, monitoring a high protein diet to replace that lost in the urine, limiting salt intake, and monitoring fetal well-being (Enkin, Keirse, & Chambers, 1989).

Labor that occurs between twenty and thirty-seven completed weeks of pregnancy is referred to as preterm labor. The goal of medical therapy is to prevent preterm labor from progressing to a point that no longer responds to medical treatment such as tocolytics and bedrest (Olds et al., 1996).

Effects of Prolonged Bedrest

Physically, prolonged bedrest during pregnancy is a controversial topic. Many believe that it is not very effective in treating high risk pregnancies. This notion is not substantially supported by research at this time (Maloni & Kasper, 1991). Extensive research investigating the side effects of bedrest on nonpregnant healthy individuals has been conducted by aerospace scientists because bedrest is one model for studying the effects of weightlessness in space. These studies reveal that bedrest produces substantial side effects on every major organ system. These adverse effects include cardiovascular

deconditioning; diuresis with accompanying fluid, electrolyte, and weight loss; muscle atrophy; and psychologic stress (Maloni, 1994).

Many of these side effects occur rapidly. For example, skeletal muscle atrophy and increased diuresis begin within the first day of bedrest. Muscle atrophy, loss of strength, changes in calcium metabolism, and bone loss are other expected musculoskeletal side effects of bedrest. Cardiac output and stroke volume are decreased, thus contributing to a decreased aerobic capacity and increased heart rate. Gastrointestinal system changes include slowed gastric motility, indigestion, constipation, and reflux. Metabolic and endocrine changes are demonstrated by a rapid fluid and electrolyte loss, and reduction in blood volume. Changes occur in all the twenty-four hour rhythms of the body, such as hormone secretion and the sleep-wake cycle. There are also changes in fat and carbohydrate metabolism (Maloni, 1993). These physiologic effects of bedrest may further compromise an already high-risk pregnancy.

To a childbearing family, the financial effects of prolonged bedrest may seem as devastating as the physical effects. It can be extremely costly to a family if the mother has to quit work in order to comply with her bedrest regimen. Loss of one income may place additional stress upon the whole family, and it may even affect the mother's level of compliance with a bedrest regimen (Buckley & Kulb, 1990).

Another financial concern for some families is lack of insurance. Bedrest pregnancies and the prenatal care involved are very expensive. In addition, any pharmacologic treatments prescribed plus extensive prenatal testing will add to the financial burden. Unfortunately, even those who qualify for public assistance do not always know how to access and utilize it (Josten et al., 1995). Furthermore, those who do have insurance may

not have plans that will cover all the pregnancy needs. The financial burden does not end when the child is born, but quite often may last for years as parents try to rebuild after such financial loss and hardship.

The psychosocial effects of a bedrest pregnancy are specific to each individual case and the surrounding circumstances. The parents will experience many of the same feelings and emotions as those parents with uncomplicated pregnancies, but their concerns and anxieties are often heightened by the maternal and fetal risk. Mothers will likely feel some degree of guilt that they have not been able to facilitate a healthy pregnancy. They may feel responsible for the outcome regardless of the cause of the risk. They may begin to develop feelings of inadequacy as mothers and wonder if they are competent enough to care for their children (Buckley & Kulb, 1990).

Being subjected to bedrest for only a few hours in the day will create for many mothers feelings of loneliness and boredom. They may feel abandoned by their partners who are having to take on extra roles to keep their households running (Maloni & Kasper, 1991). In addition, mothers may feel uncomfortable with how their bodies are changing in relation to weight gain from pregnancy and inactivity from bedrest. The result of these stressors may cause many women to feel as if they have lost control of not only their bodies but also their lives and households (Mercer, 1990).

Males will experience many of the same emotions as females, but their feelings are individual to a father's perspective. Many worry about the health of their partners and babies. They may feel overwhelmed at having to take over roles such as cooking and cleaning while mom is resting. The financial burden they experience may be great, especially if the mother has had to quit work. It has been documented that males may

even try to portray themselves as "superdads" to exhibit a sense of great support for their partners (Gilbert & Harmon, 1993). Unfortunately, the community services available for mothers on bedrest are few, and those available for the emotional needs of father are even fewer.

Rationale for Communicative Tools

Due to the multiple physical and psychosocial issues that arise during a bedrest pregnancy, it is quite important that families have available information and support to help them cope with the presented challenges. Other families who have previously experienced bedrest during pregnancy can serve as support systems for those who are struggling with it for the first time. Additionally, families should have easy access to information in their homes, especially single mothers who may be confined to their homes with little outside support. For these reasons, a web page (Appendix A) and brochure (Appendix B) were developed in conjunction with this paper to address the stressors and coping strategies utilized by families experiencing bedrest during pregnancy. The intent is that the tools will be resources easily accessed in the home of the childbearing family experiencing bedrest during pregnancy.

Methodology and Results of Data Collection

The information in the tools was derived from interviews with five men and six women who had previously experienced bedrest during pregnancy. Data were gathered via four tools (Appendices C-F). Demographic data indicated that all respondents were white and working full-time at the time of bedrest onset. For women, the mean age during interview was twenty-nine and twenty-six during the period of bedrest. The modal pregnancy number was two. The mean amount of time spent on bedrest was five weeks, and the

mean gestational age of the infants born from bedrest pregnancies was 37.9 weeks. These infants averaged five pounds two ounces and 18.8 inches in length. The mean number of preterm labors as well as the mean number of preterm children born from bedrest pregnancies was 0.8. Finally, the most common drug utilized by the women was Trebutaline. Bedrest was prescribed for pregnancy induced hypertension in two cases and preterm labor in four.

For males, the demographic information obtained was essentially the same as that for the females. The mean age for the five fathers experiencing bedrest was twenty-nine and thirty-two during the actual interviews. All worked at full-time white collar jobs before and during the period of bedrest. The modal number of pregnancies was two. The average gestational age of the infants was 37.9 with a length of 18.8 inches and weight of five pounds two ounces. The mean number of preterm labors and the mean number of preterm births was 1.2. Bedrest was indicated twice for pregnancy induced hypertension and four times for preterm labor.

An open-ended question interview schedule was used with both the females and males to obtain qualitative data. For both the women and men, most of the questions were directed at the psychosocial adjustments they found necessary during the bedrest pregnancy. Data obtained from the semi-structured interviews were analyzed from a qualitative, phenomenological perspective to understand the stressors and coping strategies of families experiencing bedrest during pregnancy. The data were then summarized and appear in the web page and brochure.

## Conclusions

The multiple physical and psychosocial issues that arise during a bedrest pregnancy and how they affect the health of the childbearing family and fetus make this a significant problem for nursing. It is crucial that families experiencing such bedrest have access to tools that may help them cope with the myriad of stressors with which they will be faced. The web page and brochure created in conjunction with this paper are intended to be such tools that can be easily accessed and utilized. The web page can be reached via the world wide web, and the brochures will be distributed to community-obstetrical resource centers.

Several recommendations for future studies grew out of this project. First of all, a convenience sample was used whereas a random sample would have allowed for greater generalization to the population of families experiencing bedrest during pregnancy. This project also indicated that a need exists for research on compliance issues in bedrest during pregnancy. For example, what psychosocial factors positively correspond with a high level of compliance to bedrest. Furthermore, through this study, the great need for information and community resources to be available to families experiencing bedrest during pregnancy has become evident. Future research will hopefully lead to the development of such resources.

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Appendix A




# Pregnancy, Bedrest, and Your Family:

## Coping with Being Cooped Up

Pregnancy, a normal developmental event, may occasionally be accompanied by complications that can put great strain on a family. Blood pressure problems, premature labor, and bleeding disorders are some of the complications that can cause physical problems. These conditions can turn a normal pregnancy into one considered to be high-risk.

To cope with some of these problems, doctors may prescribe bedrest for pregnant moms. The amount of bedrest usually varies based upon the severity of symptoms. Bedrest frequently requires that other family members take over many of the tasks previously handled mainly by the mother. Such a shift in responsibilities can create many different feelings and emotions for every member of a family.

The following information comes from eleven interviews with families who had previously experienced bedrest during pregnancy. It is intended to be a brief summary of some of the feelings your family may face and some ideas for coping with being "cooped up."

| Mom's Stuff | Dad's Stuff | Kid's Stuff |
|---|---|---|
| ➢What Mom May Feel. | ➢What Dad May Feel. | ➢Brothers and Sisters |
| ➢How Mom Can Cope | ➢How Dad Can Cope | ➢Helping Kids Cope |


## What Mom May Feel...

- Isolation
- Boredom
- Helplessness from not being able to participate in household tasks
- Worry about the baby's condition
- Worry about finances
- Concerns about body changes
- Anxiety about the pregnancy's outcome
- Depression
- Stress and anxiety over separation from family (if hospitalized)
- Guilt about inability to care for her family

## How Mom Can Cope with Being Cooped Up...

- Compile a daily schedule to plan activities
- Plan time daily to discuss important issues with your family
- Keep a laundry basket full of items you may need throughout the day (make-up, cross-stitch, etc.)
- Plan special time with your children each day
- Try to help your children understand what you're going through
- Develop a telephone network of friends who call to check on you daily
- Use the telephone and catalogues to help prepare for baby's arrival

What Mom May Feel.




| Mom's Stuff | Dad's Stuff | Kid's Stuff |
| --- | --- | --- |
| ➢What Mom May Feel. | ➢What Dad May Feel. | ➢Brothers and Sisters |
| ➢How Mom Can Cope | ➢How Dad Can Cope | ➢Helping Kids Cope |

Web For Life Home


## What Dad May Feel...

- Worry about finances if Mom has had to quit work
- Worry about the baby's condition
- Frustration about taking over most household responsibilities
- Anger at having to take over Mom's roles on top of his
- Worry about Mom's condition during bedrest

## How Dad Can Cope with Being Cooped Up...

- Express all concerns openly to Mom
- Seek out friends and neighbors for assistance with taking care of the children and household chores
- Let housework go occasionally if needed
- Try not to be a "superdad". Your family will realize that you're only human.

*Mom's Stuff*
➢What Mom May Feel.
➢How Mom Can Cope

*Dad's Stuff*
➢What Dad May Feel.
➢How Dad Can Cope

*Kid's Stuff*
➢Brothers and Sisters
➢Helping Kids Cope

Web For Life Home


## What Brothers and Sisters May Feel...

- Confusion over why Mom must always be in bed or on the couch
- Frustration because Mom can't always be available for play
- Jealousy of the new baby who's making Mom stay in bed
- Loneliness or irritation when being cared for by someone other than Mom or Dad

## Helping Your Kids Cope

- Clearly explain to children why Mom is on bedrest
- Encourage them to ask questions
- Encourage them to spend time in bed with Mom to work on projects or do homework together

**Bedrest support systems may be available in your community. Ask your doctor or nurse midwife to refer you to these services.**

*Mom's Stuff* *Dad's Stuff* *Kid's Stuff*

>What Mom May Feel. >What Dad May Feel. >Brothers and Sisters

>How Mom Can Cope >How Dad Can Cope >Helping Kids Cope

## Web For Life Home

Developed by Amy R.H. Weeks

Senior Nursing Student

The University of Alabama in Huntsville,

College of Nursing




Appendix B

# PREGNANCY, *Bedrest, and Your Family: Coping with Being Cooped Up.*

# Pregnancy,

*a normal developmental event, may occasionally be accompanied by complications that can put great strain on a family. Blood pressure problems, premature labor, and bleeding disorders are some of the complications that can cause physical problems. These conditions can turn a normal pregnancy into one considered to be high-risk.*

*To cope with some of these problems, doctors may prescribe bedrest for pregnant moms. The amount of bedrest usually varies based upon the severity of symptoms. Bedrest frequently requires that other family members take over many of the tasks previously handled mainly by the mother. Such a shift in responsibilities can create many different feelings and emotions for every member of a family.*

*The following information comes from eleven interviews with families who had previously experienced bedrest during pregnancy. It is intended to be a brief summary of some of the feelings your family may face and some ideas for coping with being "cooped up."*

Appendix B

# What Mom May Feel....

* Isolation
* Boredom
* Helplessness from not being able to participate in household tasks
* Worry about the baby's condition
* Worry about finances
* Concerns about body changes
* Anxiety about the pregnancy's outcome
* Depression
* Stress and anxiety over separation from family (if hospitalized)
* Guilt about inability to care for her family

# How Mom Can Cope with Being CoopedUp...

* Compile a daily schedule to plan activities
* Plan time daily to discuss important issues with your family
* Keep a laundry basket full of items you may need throughout the day (make-up, cross-stitch, etc.)
* Plan special time with your children each day
* Try to help your children understand what you're going through
* Develop a telephone network of friends who call to check on you daily
* Use the telephone and catalogues to help prepare for baby's arrival

# What Dad May Feel....

* Worry about finances if Mom has to quit work
* Worry about the baby's condition
* Frustration about taking over most household responsibilities
* Anger at having to take over Mom's roles
* Worry about Mom's condition during bedrest

# How Dad Can Cope with Being CoopedUp...

* Express all concerns openly to Mom
* Seek out friends and neighbors for assistance with taking care of the children and household chores
* Let housework go occasionally if needed
* Try not to be a "superdad". Your family will realize that you're only human.

# What Brothers & Sisters May Feel....

* Confusion over why Mom must always be in bed or on the couch
* Frustration because Mom can't always be available for play
* Jealousy of the new baby who's making Mom stay in bed
* Loneliness or irritation when being cared for by someone other than Mom or Dad

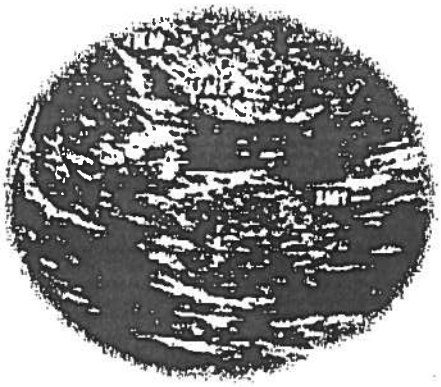
# Helping Your Kids Cope...

* Clearly explain to children why Mom is on bedrest
* Encourage them to ask questions
* Encourage them to spend time in bed with mom to work on projects or do homework together

# Bedrest Support Systems

may be available in your community. Ask your doctor or nurse midwife to refer you to these services.

**Find more information on the internet.**
http://HIWAAY.net/~fkh



**Developed by Amy R.H. Weeks**
Senior Nursing Student
The University of Alabama in Huntsville,
College of Nursing

Appendix C

MQ

# Pregnancy, Bedrest, and the Family

## Demographic Questionnaire

**Instructions:** Please address the following as accurately and completely as possible. Your identity will be confidential, and all data will be reported as grouped data.

**1.)** Present age:_____
Age during bedrest:_____

**2.)** Race:_____

**3.)** Occupation:_____

**4.)** Gravida:_____
Para:_____
Number of living children:_____

**5.)** Number of preterm children:_____

**6.)** Number of preterm labors:_____

**7.)** Number of weeks on bedrest with each pregnancy:
Pregnancy #1:_____
Pregnancy #2:_____

**8.)** Length of time since delivery of the infant:
Pregnancy #1:_____
Pregnancy #2:_____

**9.)** Gestational age of infant at birth:
Pregnancy #1:_____
Pregnancy #2:_____

**10.)** Measures of infant at birth:
Pregnancy #1: weight:_____ length:_____
Pregnancy #2: weight:_____ length:_____

**11.)** Reason for prescribed bedrest:

Pregnancy #1:_____

Pregnancy #2:_____

**12.)** Names and dosages of medications, if any prescribed:

Pregnancy #1:_____

Pregnancy #2:_____

Appendix D

DQ

# Pregnancy, Bedrest, and the Family

## Demographic Questionnaire

**Instructions:** Please address the following as accurately and completely as possible. Your identity will be confidential, and all data will be reported as grouped data.

**1.)** Present age:_____
Age during partner's bedrest:_____

**2.)** Race:_____

**3.)** Occupation:_____

**4.)** Partner's number of living children: _____

**5.)** Partner's number of preterm children:_____

**6.)** Number of weeks partner was on bedrest with each pregnancy:
Pregnancy #1:_____
Pregnancy #2:_____

**7.)** Length of time since delivery of the infant:
Pregnancy #1:_____
Pregnancy #2:_____

**8.)** Gestational age of infant at birth:
Pregnancy #1:_____
Pregnancy #2:_____

**9.)** Measures of infant at birth:
Pregnancy #1: weight:_____ length:_____
Pregnancy #2: weight:_____ length:_____

**10.)** Reason for partner's prescribed bedrest:
Pregnancy #1:_____
Pregnancy #2:_____

Appendix E

MQ

# Pregnancy, Bedrest, and the Family

## Open-Ended Questions

## Interview Schedule

**1.)** How did you feel upon first learning that you were being put on bedrest?

**2.)** What were your emotions/feelings during bedrest?

**3.)** What major changes occurred in your daily life, and how did you cope with them?

**4.)** How was your family affected by the bedrest?

**5.)** What effect do you believe bedrest had on your pregnancy?

**6.)** How was compliance with bedrest for you?

**7.)** What were the best and worst things about bedrest?

Appendix F

DQ

# Pregnancy, Bedrest, and the Family

## Open-Ended Questions

## Interview Schedule

**1.)** How did you feel upon first learning that your partner was being put on bedrest?

**2.)** What were your emotions/feelings during her bedrest?

**3.)** What major changes occurred in your daily life, and how did you cope with them?

**4.)** How was your family affected by the bedrest?

**5.)** What effect do you believe bedrest had on her pregnancy?

**6.)** How do you feel about her level of compliance?

**7.)** What were the best and worst things about your partner's bedrest?

**8.)** What did you feel that your responsibilities were, if any, to the mother and fetus during bedrest?