



PREGNANCY & POSTPARTUM WELL-BEING

An Investigation into pregnancy and post-partum well-being. How might Design influence and educate expectant parents of pregnancy and postpartum well-being?

“ **PREGNANCY IS A
PERIOD IN A WOMAN'S
LIFE CHARACTERIZED BY
DRAMATIC, BIOLOGICAL,
PSYCHOLOGICAL AND
SOCIAL CHANGES.**

- Susanne Ohman, Charlotta Grunewald and Ulla Waldenström.

INTRODUCTION

The Subject Matter

The Journey of Pregnancy to Postpartum for many individuals is stereotypically that of a joyous and triumphant one. Nevertheless, this experience may also become that of a complex, physically taxing and vulnerable one for countless expectant mothers to be and the partners that may accompany them in the process, including those that have already laboured. Ohman, Grunewald, and Waldenstrom (2003, p. 148) coincide with this insight by expressing that **"Pregnancy is a period in a woman's life characterized by dramatic biological, psychological and social changes."**

Women have been experiencing pregnancy alongside experiencing childbirth for numerous millennia, allowing the human race to fundamentally evolve and adapt to forthcoming technological advancements, medicinal practices and postpartum care. Due to such progressions, identification of different pregnancy correlated properties should allow individuals to feel safeguarded, and trusting towards medical professionals within the NHS. Yet, approximately fifteen percent of women in the UK that experience pregnancy will regrettably experience Post Natal depression and Perinatal depression- Despite experiencing what is deemed to be such a high-spirited moment - Such Profound revisions within The Royal College of Psychiatrists has been made evident of this subject (2018).

Such adjustments could also affect the mental well-being and health of a father within the pregnancy due to possible feelings of exclusion and lack of support. Through rudimentary conventions, Pregnancy is expected to be an event that ensures contentment with an instantaneous connection towards a child that has been created by both maternal and paternal sides alike.

1.

PARENTS EXPERIENCING THE ANTICIPATION OF A NEW LIFE COMING INTO THE WORLD MAY OFTEN ENDURE FEELINGS OF GUILT AND UNEASINESS DUE TO THE NEWFOUND PRESSURES OF IMPRACTICAL EXPECTATIONS OF PARENTHOOD. SUCH THOUGHTS COULD SIMILARLY AFFECT RELATIONSHIPS WITH THOSE AROUND THEM AND EVEN WITH ONE ANOTHER.

This detail has prompted this investigation to thoroughly explore the topic of well-being of individuals that have experienced pregnancy and post-partum, whether that be of the maternal matter or that of paternal. By examining this focus, the expected outcomes should perhaps convey a well-rounded conclusion that encompasses all phases within the question at hand whilst still identifying the subject of how design may play a role in this area correspondingly.

Within this report, I additionally aim to collect an extensive volume of insights from numerous standpoints in order to recognise ordeals that can arise in the matter of Well-being within the perinatal and postnatal experience.

2.



AIMS & OBJECTIVES

As pregnancy is predominately and traditionally focused around that of the female party, an adequate understanding must be established of the mother's mind-sets, physical health along with concerns that the individual may have. Preparations before birth and after will also need to be investigated and data collected.

As previously stated, the well-being of the expectant mother is a primary emphasis during pregnancy and postpartum. Conversely, within this report, I will also measure the sentiments and security of the possible partner within a pregnancy, whether that be a paternalistic partner or even that of a friend or family member. The exploration of the partner's understanding towards the pregnancy or postpartum and their own mental health must also be comprehended.

This report should allow me to furthermore aim to understand to a sizable degree the perceptions and opinions of Midwives, Nurses and/ or Doctors that have experience within the Labour, Maternity and well-being division along with medical accuracy and understanding throughout.



METHODOLOGIES

Throughout this report, applicable methodologies will be applied to the investigation correspondingly.

Interviews & Surveys

Surveys will permit and measure multiple responses to enquiries of the subject at hand. Although brief, this methodology will integrate statistics with concise opinions and behaviours within the pregnancy and postpartum well-being area.

Interviews will be necessary in order to gain an enhanced standpoint of the target demographic, such as those who have experienced pregnancy, post-partum and the partners alongside these events. Interviews will also take place to accumulate sufficient factual evidence within the medical and midwifery departments.

Online Research

As the matter being investigated is predominantly within the medical area, Academic reading will appropriately provide myself with insights and material from reputable sources and those that are experts within the field that is being investigated within my report, allowing an enhanced and well-rounded summation of findings.

Academic Reading

Online research will be an instantaneous technique for me to select suitable judgements within the subject matter if other methodologies are unable to be accomplished- particularly during the Covid-19 pandemic.



EXPLORATION OF THE INITIAL STAGES OF PREGNANCY



When a woman discovers that she is expecting, an appointment must be made with that of a midwife or GP in order to establish an estimated due date and to arrange antenatal care for upcoming months, particularly within the NHS (2018). Preliminary appointments with a midwife will commence between weeks eight and ten of pregnancy in order to begin scheduling the next stages and appointments during the remainder of the pregnancy. During such phases, the pregnancy will be observed closely to unearth any existing problems or complications with the expectant mother or developing baby.

Existing health related issues could include Asthma, Diabetes, Obesity, Epilepsy and Heart disease- all of which must be closely monitored by a health professional throughout the duration of the pregnancy. Some women may be of a higher risk of developing certain conditions merely due to the fact that the individual is pregnant. Such problems are that of Pre-Eclampsia and Gestational Diabetes. This subject may directly generate some initial worry and anxiety, particularly for mother and partner due the vast amount of testing and screening that will take place and the broad extent of which the expectant will have to endure within the coming months of pregnancy, such as multiple appointments, personal perceptive struggles etc. Dellagiulia, Lionetti, Pastore, Linnea and Hasse (2020, p. 787) state that **"Pregnancy- related anxiety includes worries about the health of the child, the child's birth, the labour and the changes in physical appearance."** Which additionally support this point within my report.

The well-being of the individual expecting is but part of the major examining aspects in the pregnancy journey, nonetheless, the developing baby is also a crucial examination point throughout the entire nine months of pregnancy.

In order to identify potential problems that the developing baby may have, pregnant women are offered two core examinations and sonograms within a standard, conventional pregnancy- Ordinarily to those with no previous health conditions and underlying medical issues. Nevertheless, those with the existing medical circumstances previously discussed will certainly be required to attend more antenatal appointments and sonograms throughout their pregnancy in order to closely monitor the health of the unborn baby and the individual themselves.

The first Antenatal scan to take place would be that of the 'Dating Scan', which occurs between weeks eight to fourteen of pregnancy within the first trimester. Through access to the NHS webpage (2019) T he purpose of such a scan is to **"Estimate when your baby is due, check the physical development of your baby, and screen for possible conditions, including Down's Syndrome."**

This statement alone provides an insight into how those expecting may encounter some initial worry and concerns in regards to their unborn child. Feelings of anxiety and uncertainty may arise. Such conventions will be explored and investigated in greater detail momentarily.

Subsequently, if any complications are discovered within the Dating Scan, they will be vocalised to the patient immediately and discussion of the fore coming phases in which such matters will be deliberated and dealt with accordingly with the individual's midwife- a key component within this pregnancy journey.

If baby does have any genetic abnormalities, are parents and mothers in particular offered any support when discovering such news?

Analysis into the support that the Midwifery sector may have to offer within this subject will certainly be inspected within this report.

Furthermore, What mediums of design are available for expectant parents that experience such a situation? Through exploration of current design pieces (which also appear to be lacking) that are currently being presented to this specific demographic, appear to be clinical, factual and rather frank about support and options in regards to foetal anomaly abnormality support. Possible reasons for such design features could indicate the sombre disposition of the situation being discussed within the piece. Such findings within NHS brochures and leaflets all reflect these particular aspects with little to no imagery and mass amounts of text throughout, possibly to convey as much information as possible to the individual targeted. This is illustrated within the NHS Fetal Anomaly Screening Programme Handbook (2018) that provides expectant parents with material and provisions that will take place during this portion of a pregnancy.

The contents of this leaflet include masses of text, as previously stated, that may be considered as intimidating to parents that are undergoing such hardships due to overwhelming emotions accompanied by vast amounts of uncomprehensive advice due to the sheer amount of text present within the leaflet. Additionally, once the expectant mother reaches between eighteen to twenty weeks gestation, the second sonographic scan will take place. This is known as the 'Anomaly Scan'. It is suggested through the NHS webpage (2019) that the Anomaly Scan will "Check the physical development of your baby." Further examining the anatomy of the foetus for any further potential anomalies.

I conducted relevant Interviews in order to increase understanding and knowledge within personal experiences of early pregnancy. The collection of insights from multiple female individuals have provided different responses yet all contain multiple similarities.

I CONDUCTED RELEVANT INTERVIEWS IN ORDER TO INCREASE UNDERSTANDING AND KNOWLEDGE WITHIN PERSONAL EXPERIENCES OF EARLY PREGNANCY. THE COLLECTION OF INSIGHTS FROM MULTIPLE FEMALE INDIVIDUALS HAVE PROVIDED DIFFERENT RESPONSES YET ALL CONTAIN MULTIPLE SIMILARITIES.

INTERVIEWS PERINATAL AND POSTPARTUM WELL-BEING

The questions asked during these interviews all reflected the subject matter and aimed to unearth some truths about perinatal well-being, which include pregnancy worries and anxieties. Women throughout a variety of ages were interviewed who have experienced at least one pregnancy.

Throughout this section of this report, answers from questions that only reflect to early pregnancy worries and well-being will be highlighted. Further investigations and interviews regarding other subject matters will be presented subsequently.



PERINATAL PROBLEMS AND ANXIETIES



KATIE THORNE

27-Year-Old Mother of One

One question in particular that I asked of each individual was that of:

'What was your mental health like during your pregnancy? Particularly during the early stages?'

As I previously discussed, perinatal well-being can principally begin in that of the early stages of pregnancy for many women. The question that I previously mentioned that was asked of these individuals who have had first hand experiences with early perinatal struggles, have all mentioned worries surrounding their unborn child.

One major theme within these interviews that was frequently mentioned, was that of the 'unknown'. Some of the individuals that were presented, stated that the unexpected nature of early pregnancy is ultimately challenging and intimidating, whether that be because of the developing baby or their own health problems that they were unaware could arise. For example, within one of the interviews conducted, a noteworthy opinion stated by Katie Thorne (2021) was of the worry that her baby was not developing properly, and that the wait between major antenatal scans was 'agonizing'.

Furthermore, Katie mentioned that going long periods of time without physically seeing her baby on a screen created masses of anxiety, therefore unfortunately prompting Katie's mental health to decline. Katie also informed me that her state of mind drastically deteriorated

due to being diagnosed with Gestational Diabetes during week eighteen of her pregnancy, triggering additional worry and anxiety due to crucial observance of blood sugar levels.

Extra antenatal appointments and midwifery appointments were consequently scheduled for Katie, causing an increase in stress levels due to Katie becoming concerned for her own health and well-being along with her unborn child's.

Petry (2014) Suggests that those who develop Gestational Diabetes within a pregnancy are likely to give birth to a baby that has a higher birth weight than average newborns, in addition to a higher mortality rate for a diagnosed mother, consequently accompanying Katie Thorne's concerns that she clearly expressed.

Design platforms have also been severely lacking in association with addressing Gestational Diabetes. Yet, the mediums that are available are predominantly web based, clinical and convey negative connotations throughout i.e. Heavily focussing on risk factors, symptoms and after effects- instead of spreading awareness, being reassuring and promoting women's strength to tackle the condition. This is illustrated throughout the Centres for Disease Control and Prevention webpage- portraying a clinical aesthetic with minimal positive language throughout (2019)- Further coinciding the negative implications that Gestational Diabetes may have on some individuals, like that of Katie Thorne herself.





KIRSTY BOLTON
26-Year-Old Mother of Two

Other individuals that were interviewed named Kirsty Bolton and Beth Williams also both highlighted some comparable points towards their own mental health during the initial stages of pregnancy, much like that of Katie Thorne. The answers collected from these particular interviews, however, emphasized new concerns including that of vocalising apprehensions of Miscarriage within the first trimester of pregnancy. Through further reading and investigation into this matter, writers Young and Zavatto (2008, pp 29) state that miscarriage is unfortunately incredibly common within early pregnancy as up to **"95% of miscarriages occur within the first trimester."**



BETH WILLIAMS
25-Year-Old Mother of One

Although these women were aware of such risks within early pregnancy, they both mentioned that the worry of loss was constantly present within the first trimester and the undetermined nature of this period of the pregnancy was an anxiety filled phase. Beth Williams (2021) specifically recalled experiencing an early pregnancy bleed during her eighth week of pregnancy, stating that she was incredibly worried and unaware of such a thing happening during this instance. Conversely, Beth was ultimately referred for an early pregnancy scan which confirmed that all was well with the developing pregnancy and that a bleed was 'normal' throughout this period. Beth specified that she was

regrettably unaware of this being a common occurrence, particularly within the first trimester, especially as this was her first pregnancy.

Unfortunately, throughout further investigation into the topic of Miscarriage and early pregnancy bleeding, my findings predominantly presented awareness campaigns that illustrated Miscarriage to be an everyday incident that can occur in numerous pregnant women. However, this topic is conversely considered as that of a taboo subject, due to associations of indignity and incapability of an individual to maintain a pregnancy, which confirms why some women may feel uneducated in the subject matter due to lack of normalisation of the topic at hand. This is demonstrated through an experience as told by Merry (2014) involving her own self-doubt after experiencing a miscarriage.

"Despite managing the grief by talking to a handful of friends and family each day, I became convinced that my womb was poisonous, that I could never carry a child."

This statement unquestionably reflects the topic that has occurred within an individual's pregnancy to be a topic of embarrassment and contemptibility.



COMPLICATIONS AND ANXIETIES SUMMARY

The matters examined within the initial stages of pregnancy that may confirm any complications or produce any concerns all appear to derive from the simple element of the undetermined nature of early pregnancy itself. The fear of the unknown plays a major role within women's mental health, especially those who are experiencing their first pregnancies.

From antenatal scans and screenings to possibilities of miscarriages, all of these factors investigated unquestionably negatively affect the mental health and well-being of expectant mothers within early pregnancy.

Another observation that I have ultimately made within my findings is that women appear to inevitably become less anxious and instead, feel relieved once the Dating scan and Anomaly scan have both taken place, which both indicate the end of the first trimester and the beginning of the second. Confirmation of this has been presented within my interviews and that of my findings from Richardson, Raine-Fenning, Deb, Campbell and Vedhara (2016, p.253) as the investigation that was undertaken by these individuals conveyed that

"Anxiety levels increased slightly immediately after (the) scan and then decreased significantly over the next 42-72 hours."

Further corroborating my initial discoveries and therefore allowing me to take this data collection forward in order to supplement my own knowledge and understanding towards the subject at hand.

UNDERSTANDING MIND-SETS AND WELL-BEING DURING PREGNANCY AND POSTPARTUM

Exploration of the Maternal side.





At the beginning of this investigation, I wanted to explore that of the early pregnancy to comprehend mental health and well-being during this phase of gestation from a maternal point of view in order to fundamentally establish where such mental health difficulties can arise or originate. Yet, I am still to investigate the second and third trimesters along with the post-partum stage of pregnancy, which all ultimately involve additional struggles in terms of mental health and physical health.

This section of my investigation should aim to develop my understanding of both of the remaining trimesters, along with a deeper awareness of the trials and tribulations that women may face which also contribute to existing mental and physical health matters, whilst observing design platforms that may have solved problems within this segment.

From weeks thirteen to forty, the second and third trimesters commence. The developing baby continues to grow and become stronger within the womb. These factors will in turn, take a toll on the expectant mother's physical well-being, due to baby's length, weight and where baby is resting in the womb, which could impact internal organs as well as joints across the pelvis region of the body.

Well-being of the mother within this period, whether that be of the mental or physical nature, may continue to decline as pregnancy increasingly becomes more physically strenuous.

Those individuals previously interviewed, further mentioned their own personal struggles within the core portion of their pregnancies, which presented further insights so as to achieve additional understanding towards expectant mother's mindsets as well as their physical health whilst progressing in their pregnancies.

In regards to the individuals examined, responses to questions that I had asked in relation to pregnancy and post-partum all reflected and conveyed-as expected- Concerns and struggles of problems with their bodily functions and psychological well-being within this time period. The question in regards to this was as follows:

'What was your physical health and mental health like during the second and third trimesters of your pregnancy/ pregnancies?'

All responses collected demonstrated some hardships and concerns within both pregnancy and post-partum. One of the leading distresses during that of pregnancy within the second and third trimester was that of the physical areas.

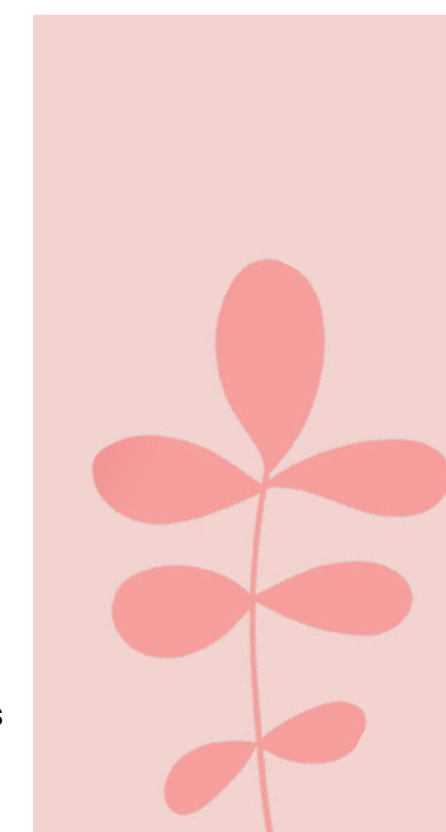
All women interviewed mentioned hip and back pain, along with anxieties of their appearance changing and altering in order to accommodate their growing baby.

Kirsty Bolton (2021) experienced Pelvic Girdle Pain throughout her entire pregnancy, but especially during the last few weeks before delivery.

She stated that once Covid-19 started to break out, medical facilities were overwhelmed and she was **"Unable to have physiotherapy"** and was therefore **"Left untreated throughout the last trimester."**

The other individuals interviewed that were previously mentioned within this report all specified that physical pain was a major contributor towards their declining mental health, alongside impending labour and the fear they had towards this event.

Pain during the latter months of pregnancy can be caused by baby growing and lying on certain nerves and/or muscles within a woman's body, ultimately assumingly affecting social aspects of the pregnant individuals' life along with certain hobbies and activities. Unfortunately, women who become pregnant are more at risk of developing back and hip pain or any other means of discomfort throughout their pregnancies. This can be confirmed through a study conducted by To and Wong (2003, p. 1089) as they unearthed that **"The incidence in our paper was extremely high, with more than two thirds of the patients reporting some pain episodes."** This conclusion further supports the significant experiences of pain to additionally have a likely impact on a great deal of women's mental health.



Katie Thorne (2021) furthermore reflects on physical health becoming a concern during pregnancy as she detailed that pregnancy symptoms such as lethargy and joint discomfort all impacted her mental health due to lack of exercise and movement- all instigated through tiredness and bodily changes. Perception of her developing pregnant body all involved negative views of herself, which all ultimately relates back to Katie's previously stated issues around physical well-being.

Perinatal mental health is also that of a stigma within 21'st Century society, much like that of miscarriage. Analysis of design pieces that reflect such subjects all emit rawness and strength, seemingly in order to contest against the stigma created around mental health within pregnancy and post-partum. One particular piece of awareness design that conveys such resilience is that of the 'Hidden Half Stories' Campaign (2018). The design elements within this entire campaign convey encouragement, display solidarity and most importantly, break the taboo against perinatal and postnatal mental health. Particularly through the use of diversity within the female representations, in order to convey the frequency and array of mental health within women during the perinatal and postnatal stages. The language used throughout is also a key aspect within the campaign due to direct mode of address, educating those that have experienced such adversities that it is an ordinary occurrence. Using pronouns such as 'We' and 'Us', ultimately enforces unity and understanding targeted towards particular individuals within this campaign, therefore supporting the regularity of mental health during a pregnancy journey- which requires further attention and development within the design world in order to eventually and finally break the stigma against this matter.

As for Postpartum, physical well-being alongside mental health were both also predominant factors within these individuals lives, particularly after baby was delivered, as is the case for women across the world. All individuals interviewed stated at some point during their post-partum experiences, 'The Baby Blues' were a very concerning period. Uncertainty as to whether this phase was that of severe Post-Partum Depression or a temporary case of hormonal imbalance was a key discomfort within all of the individuals interviewed thoughts.

DR BASS AND DR BAWER (2018, P.35) STATE AN INTERESTING DETAIL THAT BABY BLUES ARE EXTREMELY COMMON WITHIN NEW MOTHERS, AND THAT UP TO 80% OF THESE INDIVIDUALS WILL BECOME VICTIM TO IT. THUS, CONFIRMING EACH WOMAN THAT DECLARED SUFFERING WITH BABY BLUES MERE DAYS AFTER GIVING BIRTH.

80%

80% of Mothers will become a victim of 'Baby Blues' according to a study conducted by Dr Bass and Dr Bawer (2018).

EXPLORATION OF THE PATERNAL EXPERIENCES WITHIN PREGNANCY AND POSTPARTUM



Father's and partners that assist their pregnant partners are also a large fragment of the pregnancy experience itself. Providing support and affection towards their partner during this time is considered to be a role of responsibility during a such a journey.

This is the case suggested by Fenwick (2012) and Alio (2013) as cited in Widarrson. Engström, Tydén, Lundberg and Marmstål Hammars' article (2015, p. 1060), emphasising a father's or partner's desire to fulfil this role of responsibility and to ultimately create an encouraging experience to the best of their ability.

Certain expectations are often presumed of both the expectant mother and father, yet, the role of a father within a pregnancy is one that can be extremely scrutinized by those around them. Expectations can include aiding their partner with physical tasks, alongside that of mental health support. Such presumptions can be confirmed through a study conducted by Greenhill and Vollmer (2019, p. 56) as it was believed that **"Both mother's and father's thought that the father's role was to support the mother emotionally and physically."**

Throughout a typical pregnancy, the support system that the expectant mother is to receive should traditionally be that from her spouse or partner and those surrounding her. In this case, a father is the focal point within this portion of my report.

The role of an 'Ideal Father' according to that of Alio, Lewis, Scarborough, Harris and Fiscella (2013, p. 4) is one that **"Cares about the pregnancy"** and is also **"Eager to learn more about the process and what is required for a healthy pregnancy."**

This illustrates the extent of pressure to be devoted and attentive during an expectant father's involvement in their partner's pregnancy, and how the role of fatherhood has been drastically revolutionized. This brings me onto the portrayal of the idealistic expectancy that the role of not only motherhood, but that of fatherhood also. The typical 21st century society often depicts the role of Fatherhood to be a role of responsibility

and guidance. Yet, there are also many sources available that aim to educate expectant father's in a far less considerate manner. For instance, books, articles and other means of design within education that are targeted at expectant mothers are typically factual and respectful in nature, with many indicators on how to manage life as a new mother.

Conversely, numerous articles and texts available to that of expectant fathers appear to be written in such a way that conveys Fatherhood in a comical and patronizing approach. Design platforms and outcomes have absolutely influenced how the public view the role of fatherhood within the present day.

Expectant fathers and Fatherhood in general all have a representation as lacking in knowledge of newborns, sometimes incapable and have a fundamentally negative portrayal overall. Modern media just like that of television sitcoms etc. ultimately convey the majority of dads and expectant fathers as- according to that of the Conversation.com (2020) **"Inherently ill-suited for parenting."** This observation definitely reflects past ideologies, but this investigation aims to unearth views that oppose this statement.



INTERVIEWS

PATERNAL EXPERIENCES WITHIN THE PREGNANCY AND POSTPARTUM JOURNEY

The questions asked within this portion of my investigation were all directed towards individuals that have experienced both pregnancy with their partner's and postpartum also.

I wanted to investigate and uncover these individuals' initial thoughts and concerns in connection to this subject matter.

The two fathers that I questioned both stated similarities and some differences within their answers in regards to their experiences with their partner's through pregnancy and postpartum. One individual that I interviewed was father of two, Lloyd James. Lloyd James (2021) declared his initial worries, especially during the first trimester and delivery itself, were feelings of frustration and powerlessness.

These feelings would often arise due to the inability to physically take pain away from his pregnant partner. This appears to be a common worry amongst expectant fathers, predominantly within a study from Philpot, Leahy-Warren, Fitzgerald and Savage (2017, p.126) that conveys expectant fathers to have **"Negative feelings about the pregnancy, role restrictions related to becoming a father, fear of childbirth and feelings of incompetence."** This finding highlights already mentioned problems within this report that the individuals have stated, further confirming my discoveries. Lloyd James also revealed that, even though he was ecstatic to become a father, the advice that he

received was more condescending and filled with humorous instruction rather than that of authentic and 'real' advice. This point absolutely poses a problem within the paternal side of a pregnancy and postpartum, illustrating partners to be that of a 'spare part' so to speak. Lloyd highlighted that he was sincerely interested and eager to learn how to change nappies, bathe the baby and prepare bottles. However, all of these topics for advice were all predominantly targeted towards his partner.

Another individual interviewed was father of six, Eddie Wilson. Eddie Wilson (2021) also mentioned some thought-provoking points about being an expectant father, one of which was that he merely felt like **"Part of the scenery"** when his partner was going through pregnancy. While Eddie did mention that he was filled with anticipation of each of his partner's pregnancies, and wanted the best for his partner, he was often reminded of the traditional roles that fatherhood posed during the time he became a first-time dad, such traditional aspects would include not being present for the birth of their child and stereotypical views of being the 'breadwinner' and allowing their partner to typically care for the newborn baby. This argument was also similarly supported (Martin, Byline, Scharp, Leavitt and Cooney, 2017) as such views are mentioned, including that labour and delivery was traditionally a **"female event"** and that the new role of the 'Modern Father' has been a journey in itself.



30-Year-Old Father of Two.
LLOYD JAMES



EDDIE WILSON
67-Year-Old Father of Six.

PATERNAL EXPERIENCES- SUMMARY

To summarise this section of my report, the Paternal involvement within pregnancy and postpartum appears to be represented within design to be that of a lesser role or that of a secondary role within a pregnancy. This can be determined through different media platforms researched. As previously mentioned, the Fatherhood role is often referred to in a teasing and facetious manner, and my further investigation through that of interviews has allowed for supplementary and first-hand information that I have collected. These individuals' thoughts and feelings all correlate with the design/ media platforms that I have referenced previously, which majorly represent incompetence and slightness of the role of fatherhood, especially within a pregnancy and the post-natal period. Due to such representations, expectant or new fathers may feel a sense of ineptitude towards parenthood.

MIDWIFERY/ MEDICAL EXPLORATION



AS I PREVIOUSLY MENTIONED WITHIN THIS REPORT, I AIM TO EXPLORE AND INVESTIGATE THE MIDWIFERY AND MEDICAL SECTOR, TO GAIN SOME UNDERSTANDING INTO SOME METHODS AND PROTOCOLS IN REGARDS TO PREGNANCY AND POSTPARTUM.

As formerly explored, a pregnant individual may have support from their partner during their pregnancy journey to postpartum, in order to have and offer emotional support. However, a noteworthy statement was made within Marnes' and Hall's article (2013, p. 114) which states that "Women benefit from both practical and emotional support during the postnatal period", This point illustrates women ultimately requiring emotional support that can be obtained by their partner or spouse, whilst practical and scientific support will be enhanced through Midwifery aid.

Midwives are a key component within a pregnancy journey. Beforehand within my report, Midwifery was briefly mentioned as this profession is established within weeks eight and ten of pregnancy, in order for an expectant parent to book and discuss future perinatal appointments.

This necessitated support will accompany the patient throughout the entirety of their pregnancy and the first few weeks during the postpartum phase also.

As previously established, the midwifery support is recommended in order to discuss birth plans, gestational abnormalities and foetal examinations. There is numerous mediums of information regarding the midwifery support during each trimester, yet, I am eager to investigate what role a midwife undertakes during that of postpartum with their patients.

In order to gain this understanding, I interviewed a Third Year Student Midwife, Chelsea Deane (21). I asked Chelsea fundamentally if there was any significant mental and physical support available for new parents during the postpartum stage. Chelsea mentioned some noteworthy points throughout the interview. Mental health support was mentioned by Chelsea to be crucial from Midwives during postpartum, particularly within the first two weeks after baby is born. Chelsea (2021) stated that:

"Mental Health is always part of the postnatal care that midwives provide in any which way an individual may request or require including extra home visits, emotional support and post-natal physical care or referrals to a GP etc. There are also peri natal mental health midwives that specialise in supporting women in pregnancy and postnatal."

These points made by Chelsea have given me an insight into not only what help midwives provide, but that there are different sectors within the midwifery field that offer segmented help towards individuals based on their problems at hand. This help is offered to both maternal and paternal parties.

CHELSEA DEANE
26-Year-Old Third Year Midwifery Student.



CONCLUSION OF FINDINGS



As a final observation and to conclude this investigation, What I have discovered is that all parties during the pregnancy journey, whether that be of the maternal or paternal side, suffer and endure some concentrated emotions. These emotions could consist of joy and happiness, whilst a great deal of these emotions is unfortunately negatively felt.

As for the Maternal side and experience of pregnancy and postpartum, women not only have to withstand major physical changes to their bodies, but emotional ones too. There are numerous trials and tribulations throughout the duration of a standard-length pregnancy that can arise that regrettably cause anxiety and mental health issues within certain women. The predominant factor that I have discovered that causes such fear, is The Unknown. Women not being able to physically see their unborn child for months at a time, to worries of pregnancy loss- all worth contributors towards declining mental health in pregnant women.

The Paternal side of pregnancy and postpartum is also that of a tasking experience. Possibly not so much in terms of physical problems, but certainly that of mental problems, which I have highlighted in my findings. Fathers/ Partners within a pregnancy often experience mental hardships and self-doubt, due to multiple design outcomes mocking or belittling the role of fatherhood. Lack of serious resources for fathers and partners are also a majorly absent for expectant partners within a pregnancy. Poor representations of fatherhood within media and design are also factors of ill advice towards new and expectant fathers, which unfortunately causes mental health to decline within these individuals.

Yet, even though multiple adversities arise for all parties during pregnancy and post-partum, the Midwifery advice and data collected within this report all convey encouragement to seek any help needed in order to overcome such mental health tribulations or advice that is unbiased and practical to both Maternal and Paternal sides alike, which is favourably needed for expectant parents.

REFERENCES

- Alio, A.B., Lewis, C.A., Scarborough, K., Harris, K., and Fiscella, K. (2013) 'A Community Perspective on the Role of Fathers During Pregnancy: A Qualitative Study', BMC Pregnancy and Childbirth, 13(60), pp. 4. Biomed Central. Available at: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/1471-2393-13-60#Sec7> (Accessed: 9 February 2021).
- Bolton, K (2021) E-mail conversation with Rebekah Wilson, 4 February 2021
- Centres for Disease Control and Prevention (2019) CDC Gestational Diabetes. Available at: <https://www.cdc.gov/diabetes/basics/gestational.html> (Accessed: 12 February 2021).
- Deane, C. (2021) Video Conversation with Rebekah Wilson, 9 February.
- Dellagiulia, A. Lionetti, F. Pastore, M. Linnea, K. and Hasse, K. (2020) 'The Pregnancy Anxiety Questionnaire Revised- 2', European Journal of Psychological Assessment, Volume (36), pp. 787. European Journal of Psychological Assessment: Official Organ of the European Association of Psychological Assessment. Available at: <https://search-proquest-com.ergo.southwales.ac.uk/docview/2322835073?pq-origsite=primo#ABS> (Accessed: 8 February 2021).
- Dr Bass and Dr Bawer (2018) 'Parental Post-Partum Depression: More than "baby blues"', Postpartum Depression, 35(9), pp. 35. ProQuest. Available at: <https://www-proquest-com.ergo.southwales.ac.uk/docview/2124077539/fulltextPDF/18621EAFAC594DCDPQ/1?accountid=15324> (Accessed: 11 February 2021).
- Greenhill, E. and Vollmer, R.L. (2019) 'Perceptions of a Father's Role During a Couple's First Pregnancy', Family and Consumers Sciences Research Journal, 48(1), pp. 56. Wiley Online Library. Available at: <https://onlinelibrary-wiley-com.ergo.southwales.ac.uk/doi/epdf/10.1111/fcsr.12327> (Accessed: 9 February 2021)
- James, L. (2021) Conversation with Rebekah Wilson, 10 February.
- Marnes, J. and Hall, P. (2013) 'Midwifery Care: A Perinatal Mental Health Case scenario', Women and Birth, 19(1), pp. 114. Science Direct. Available at: <https://wwwsciencedirectcom.ergo.southwales.ac.uk/science/article/pii/S1871519213000747?via%3Dihub>
- Martin, M., Prichep, D., Scharp, W., Leavitt, J. and Cooney, C. (2017) 'This Father's Day, remembering a Time When Dads Weren't Welcome in Delivery Rooms.' NPR [Podcast]. 18 June. Available at: <https://www.npr.org/transcripts/532921305> (Accessed: 11 February 2021).
- Merry, K. (2014) 'Why is Talking About Miscarriage Still Taboo?' Motherboard, 25 October. Available at: <https://www.vice.com/en/article/mv5knx/we-need-to-remove-the-taboo-of-talking-about-miscarriage-337> (Accessed 18 February 2021).
- NCT (2018) NCT.org.uk. Available at: <https://www.nct.org.uk/get-involved/campaigns/hidden-half-campaign/hidden-half-stories> (Accessed 18 February 2021).
- NHS (2018) Your NHS Pregnancy Journey Available at: <https://www.nhs.uk/pregnancy/finding-out/your-nhs-pregnancy-journey/> (Accessed: 3 February 2021)
- NHS. August 2018. NHS Fetal Anomaly Screening Programme Handbook. London: PHE Publications.

- Öhman, S.G., Grunewald, C. and Waldenstrom, U. (2003) Women’s worries during pregnancy: testing the Cambridge Worry Scale on 200 Swedish Women. Sweden: Wiley Online Library

- Petry, C.J. (2014) Gestational Diabetes: Origins, Complications and Treatment. Boca Raton: CRC Press.

- Philpot, L.F., Leahy-Warren, P., Fitzgerald, S. and Savage, E. (2017) Stress in Fathers in The Perinatal Period: A Systematic Review. Ireland: Elsevier

- Richardson, A. Raine-Fenning, N. Deb, S. Campbell, B. Vedhara, K. (2017) ‘Anxiety associated with diagnostic uncertainty in early pregnancy’ Ultrasound in Obstetrics & Gynaecology 50 (2), pp.253. Wiley Online Library. Available at: <https://obgyn-onlinelibrary-wiley-com.ergo.south-wales.ac.uk/doi/epdf/10.1002/uog.17214> (Accessed: 5 February 2021).

- Royal College of Psychiatrists (2018) Postnatal Depression Available at: <https://www.rcpsych.ac.uk/mental-health/problems-disorders/post-natal-depression> (Accessed: 28 January 2021)

- Scharrer, E. (2020) Why are Sitcom Dads Still So Inept? Available at: <https://theconversation.com/why-are-sitcom-dads-still-so-inept-139737> (Accessed: 10 February 2021).

- The National Health Service (2019) Your Antenatal Appointments Available at: <https://www.nhs.uk/pregnancy/your-pregnancy-care/your-antenatal-appointments/> (Accessed: 3 February 2021)

- The National Health Service (2019) Your Pregnancy Care- 20- Week Scan Available at: <https://www.nhs.uk/pregnancy/your-pregnancy-care/20-week-scan/> (Accessed: 3 February 2021)

- Thorne, K. (2021) E-mail conversation with Rebekah Wilson, 3 February 2021

- To, W. W. K. and Wong, M. W. N. (2003) Factors associated with back pain symptoms in pregnancy and the persistence of pain 2 years after pregnancy. Oxford, UK: Informa UK Ltd.

- Widarrson, M., Engström, G., Tydén, T., Lundberg, P. and Marmstål Hammer, L. (2015) ‘Paddling Upstream’: Fathers’ Involvement During Pregnancy as Described by Expectant Fathers and Mothers. England: Wiley Subscription Services, Inc.

- Williams, B. (2021) E-mail conversation with Rebekah Wilson, 4 February 2021

- Wilson, E (2021) Conversation with Rebekah Wilson, 10 February.

- Young, B.K and Zavatto, A. (2008) Miscarriage, Medicine & Miracles New York: Bantam Dell