Well-Being and Early Motherhood

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1 Introduction

While there are variations in definition, the perinatal period incorporates the time from conception until at least 1 year post-partum. The focus of this chapter is predominantly the period from birth to 12 months post-partum; however, women's postnatal experiences do not exist in a vacuum; they are shaped by previous experiences, indeed by a whole biography, relationships, current circumstances and wider context of their lives. The perinatal period can, and arguably should, be considered a continuum, which inherently includes the post-partum. Feelings, concerns and fears during pregnancy may continue into the postnatal period, as, for example, is the case with depression (Underwood et al. 2016). A woman's well-being during pregnancy can be affected by thoughts and feelings about birth and early motherhood—or by previous experiences of pregnancy, birth and early postnatal period (Beck and Watson 2010; Cŏté-Arsenault and Mahlangu 1999), but also by earlier life experiences, such as childhood trauma (Garon-Bissonnette et al. 2022). Therefore, while the focus in this chapter is the postnatal period and transition to motherhood, specifically well-being across that period, we will refer to the full spectrum of the perinatal period in order to contextualise women's

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R. Borg Xuereb, J. Jomeen (eds.), *Perspectives on Midwifery and Parenthood*,
https://doi.org/10.1007/978-3-031-17285-4_4

experiences and highlight continuities across the period. We are aware of the importance of paternal well-being in the postnatal period; this is, however, beyond the scope of this chapter.

Traditionally, well-being has been researched in a fragmented manner. The psychological side of the post-partum, in postnatal depression and anxiety, has received much research attention (Rallis et al. 2014; O'Hara and McCabe 2013; Jomeen 2004). The subject of well-being is, however, usually explored through the absence of distress rather than as a concept in its own right. The psychological facet of well-being is often separated from physical aspects of women's experiences and other factors (economic, environmental, relational) that influence well-being (Wadephul et al. 2020). In the following, we share a more holistic understanding of the subject with facets of the concept of well-being *not* separated out, with a mother as an individual and her well-being as part of her whole person including her past experiences. Our exploration of postnatal well-being is illustrated with findings from two studies investigating how women use a practical and holistic self-management approach (the Alexander Technique) in this potentially challenging phase of life (Hanefeld et al. 2021). This technique has been shown to improve well-being in other populations (Kinsey et al. 2021).

2 What Is Well-Being?

Perinatal well-being is complex and multidimensional with subjective whole-person experience (Wadephul et al. 2020). Further, two models of well-being illustrate a dynamic nature of this difficult-to-pin-down concept.

Dodge and colleagues (2012) balance resources with challenges in a see-saw model with resources on one side and challenges on the other, whereby both sides involve psychological, social and physical elements. The authors view the see-saw as representing the drive of the individual to return to a well-being set point and the person's need for equilibrium and homeostasis. *Skills* as resources to re-establish well-being play a central role in the model.

White's model (2010) proposes that *relationship* is central to well-being: between individual and collective, between local and global and between people and state. One could possibly add 'the relationship to oneself' and between woman and partner. White (2010) suggests that the attraction of this concept of well-being is its holistic outlook, connecting a person's various levels of being: mind, body and spirit. This understanding of well-being integrates the aspects of time and life phases, recognising that life takes place in space and is hence '3D', and above all, it is a dynamic process.

Both these well-being concepts are holistic as well as dynamic, and they have relevance to the perinatal period, especially post-partum, because they allow for fluctuating well-being states which could result, for example, from experiencing a day with tiredness after a night with sleep disruption and activities, which might be

undertaken to regain well-being in such a situation. Both models also avoid trying to define what well-being *is* but leave space for a conceptualisation of it as a fluctuating state, which can be influenced by multiple variables.

3 The Perinatal Continuum and Post-partum Maternal Well-Being

When compared with other periods of life, profound mind-body changes occur in the perinatal phase; women's roles, identities and relationships also transform. It is feasible to suggest, therefore, that some characteristics of the perinatal period can pose particular challenges to well-being, as well as present opportunities. Rapid physical changes take place during this time, especially during labour and birth. For many women, pregnancy and labour may be the first time they have such extreme experiences, including experiences of physical limitation. Along with physical changes, women often experience emotional and psychological shifts in the transition to motherhood (Redshaw and Martin 2011). These may be profound and linked to extensive changes in women's roles and expectations, particularly for first-time mothers. Baby responsibility is often 24 hours a day, and adapting from working to being a mother is a process that is intricately linked to sociocultural expectations and discourses; this can also have a significant impact on women's sense of identity and self-worth (Laney et al. 2015). The transition to motherhood often brings with it fundamental relationship changes with partners, family members and friends. In addition, a new relationship with the baby develops during this time (Walsh et al. 2013). Furthermore, healing after birthing can be an issue and is another unique experience, potentially influencing well-being in this phase of life. The physicality of the post-partum involves carrying, holding and feeding, which can lead to musculoskeletal tension pain, which along with all the above elements can influence maternal well-being (Fraser and Cullen 2009). Well-being is likely to fluctuate considerably during this period, especially the post-partum period, due to sleep disruption and tiredness. New mothers tend to experience a range of competing demands on their time and energy, and the post-partum period can be a time in which women's well-being receives less attention.

4 Perinatal Well-Being Framework

Our development of the perinatal well-being framework (PWB) is based on three iterative elements: a theoretical review on the topic of perinatal well-being (Wadephul et al. 2020), a second review which synthesised women's experiences of lumbo-pelvic pain in the post-partum (Wadephul et al. 2021) and, thirdly, a qualitative study.

The theoretical review (Wadephul et al. 2020) used thematic synthesis (Thomas and Harden 2008) to synthesise theoretical discussions of perinatal well-being from seven academic papers. This review led to domains of life relevant to well-being (society and culture, community, immediate environment, individual) being identified. It is suggested that well-being is subjective and individual and is experienced physically, emotionally and psychologically, as well as is dynamic and fluctuating over time.

The second review (Wadephul et al. 2021) synthesised qualitative studies of women's experiences of lumbo-pelvic pain (non-specific lower back pain and pelvic girdle pain) to test and further refine the initial framework in the context of a real perinatal problem. Using framework synthesis (Carroll et al. 2011, 2013), data extracted from the qualitative studies were mapped against the framework; additional themes were noted, and themes and subthemes were developed. This review largely confirmed the original framework but led to some changes in the domains of life, including inclusion of a domain of *structures, policies and laws* (such as maternity leave and sick leave). The community and immediate environment domains were altered to a *relationships domain* to include a range of relationships (family, friends, colleagues, health professionals) with varying degrees of closeness and significance.

The final step in the development of the perinatal well-being framework drew on a qualitative study of women's and health professionals' experiences and understanding of well-being in the perinatal period (currently unpublished). Women's responses highlighted the often-challenging nature of the perinatal period, sense of immense responsibility for the baby's well-being, competing demands on women and close relationship between maternal well-being and baby's well-being. Becoming a mother also had a profound impact on women's sense of self and identity. Furthermore, women made efforts to maintain or regain well-being, and the importance of supportive relationships and past experiences was identified. Many of these findings were reflected by health professionals caring for women in the perinatal period, which characterised the period as a uniquely stressful and risky time. The health professionals emphasised the importance of sensitive support for women. Based on the findings of the qualitative study, we added a core element 'denoting the self' to the conceptual framework. We also added an element representing the often-overwhelming nature of motherhood: responsibility for the baby, competing demands on mothers' time, lack of time for oneself and profound changes to women's sense of identity and purpose (see below). Following Daly and colleagues (2022), we called this 'the magnitude of motherhood'. The proposed framework of PWB is shown in Fig. 1.

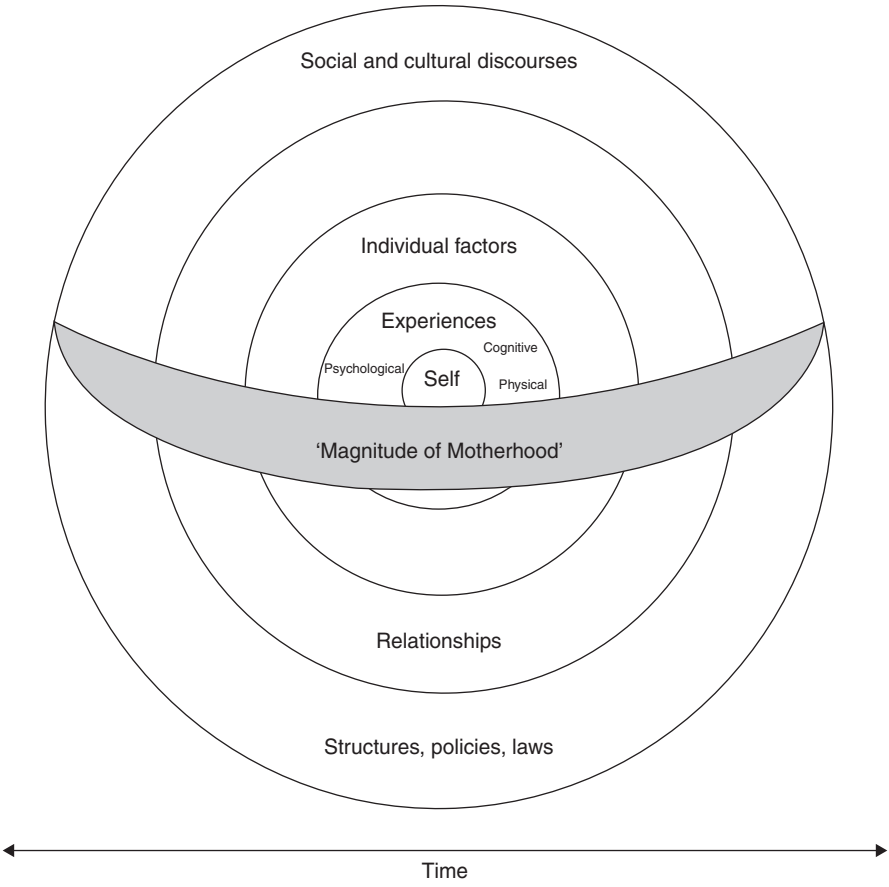

Fig. 1 Framework of perinatal well-being

5 The 'Magnitude of Motherhood'

Women's responses in the qualitative study conducted as part of the development of the framework illuminated aspects of well-being, which had not yet become apparent in the two preceding reviews. These include the impact of the transition to motherhood on women's self and sense of identity; often-overwhelming nature of this transition including women's longing, and need, for time for themselves without the infant; and the efforts women make to maintain or regain well-being.

The phrase 'magnitude of motherhood' was proposed by Daly and colleagues (2022) who used it to identify one of the themes developed in their qualitative study of maternity care experiences. It is reflected in women's narratives in our qualitative study; they talked about how overwhelming motherhood could be, particularly the responsibility for the baby's well-being. Several women used the phrase '*there is so much at stake*'. Consequently, the baby's well-being was usually their priority, while their own well-being was, as some women put it, at the '*bottom of the pile*'. In addition, women also talked about the responsibility for older children and other family members, which often conflicted with their own needs. It was clear from women's responses that many felt that they lacked quality time for themselves. This was often described as '*me time*'—a time just for themselves when they would not be interrupted and could focus on themselves.

Self-care was a core element of women's efforts to experience a sense of well-being. Yet, it seems illusive for many that the sense that women have of their responsibility for their baby's well-being often overrides their own capacity to engage in focused self-care, even though the two are intrinsically linked. Women's approaches to maintaining their well-being varied. What seemed important to all though was having time for themselves to facilitate well-being, but also a sense of wondering how that might be achieved.

Perinatal well-being reaches beyond the absence of pathological issues. Developing skills and using them require a sense of agency. Hurault and colleagues (2020) suggest that a sense of positive agency (SoPA) is about personal autonomy and responsibility for our actions, while a sense of negative agency (SoNA) is about fatalism and existential helplessness. The SoPA represents the level of control over the body, mind and environment felt by an individual. Conversely, the SoNA represents the lack of control over the body, mind and environment felt by an individual (Hurault et al. 2020). The potential for increasing a SoPA regarding self-care is worthy of more attention for practitioners working with pregnant and postnatal women, when evidence illustrates that mothers tend to ignore their universal self-care needs by prioritising their baby's needs (Lambermon et al. 2020).

The following studies describe one potential approach to effectively promote women's ability to engage in self-care and enhance well-being in the post-partum.

6 Two Studies on Using the Alexander Technique (AT) in the Post-partum

The Alexander Technique is a well-established approach based on becoming aware of maladaptive self-management habits and then modifying them by using skills learnt in lessons. It does not subscribe to exercises or treatment, but it is taught by qualified teachers. Stallibrass and colleagues (2005, p. 151) describe practically:

> *Pupils of the Alexander technique learn how to change their unconscious habitual responses to stimuli by applying a set of conscious strategies. They learn to consciously inhibit rushing into action (called inhibiting). They also learn how to consciously organise themselves prior to action and during action (called directing) so that movement is led by the head. In*

particular, they learn how to re-organise the balance of the head in relation to the rest of the body in order to lessen the effort needed to stay upright in gravity.

A study using interpretative phenomenological analysis explored how women with differing levels of experience of learning the AT used the method in the post-partum period (Hanefeld 2021). The results demonstrated that participants used a range of self-care strategies and 'Alexander skills' to consciously modify their self-management via awareness. Participants monitored their self-management consciously, and when they felt tension coming on, caused, for example, by inappropriate holding habits during carrying or feeding, they changed what they were doing. Using the AT led to a range of well-being benefits through a sense of agency regarding the participants' self-care (Hanefeld 2021). Taking time to apply the AT while lying in semi-supine to rest was important to their lives as was recognising maladaptive habits (Hanefeld et al. 2021). The latter finding is of interest as participants shared that although they had a maternal sense of duty which meant they sometimes struggled to prioritise for themselves, they also had the skills to be *aware* of such habits and then decide to consciously look after themselves.

The second study informed by the IPA recruited post-partum women with babies 4–10 months old, who were given access to an online self-care package based on the Alexander Technique. These women had had no prior practical experience of the method. The package included five online videos on the Alexander Technique (viewing time 35 min), written information and 'postural instructions' (Cohen et al. 2015) and an audio recording for lying 10–15 min in semi-supine to practise the Alexander Technique. Participants were asked to practise the AT in semi-supine ('constructive rest') 14 times, not necessarily on consecutive days. Women completed this practice over a span of time, and findings of the post-intervention survey indicated that the package positively impacted participants' self-care, changed their post-partum experience and had a positive effect on their well-being. Taking time for 'constructive rest' was surprisingly challenging for the participants, but the value of it was a finding that all participants shared having progressed with this practice. The change in well-being could be related to the mindful aspects which the AT initiates, and the change in the type of attention that then occurs which is broad, not focused. The marked difference to mainstream approaches for self-care is that the AT did not require women to *do* anything; they only had to create space and take time for themselves to lie in semi-supine and apply the principles of inhibition and direction. This seemed to enable the women to come more into contact with themselves and sense their needs; this was experienced in both studies by participants as leading to an increase in well-being.

7 The Alexander Technique as One Potential Solution

Taking Alexander Technique lessons promotes self-care and self-efficacy (Woodman et al. 2018), which women identify as important but difficult to achieve. Research in this area in perinatal women remains in its infancy, but the AT shows promise in

terms of its ability to support women's well-being in the post-partum. Empowerment through personal skills and a heightened sense of agency is a different approach to promoting well-being. That is not to diminish the value of other active interventions (Stuge et al. 2004) that have demonstrated efficacy, including a trial with results suggesting alleviation of pelvic girdle pain when utilising a multidimensional treatment concept. The intervention included training of global and local muscles, ergonomic advice, raising body awareness and, when indicated, massage, mobilisation and exercises (Stuge et al. 2004). On the practical, physical side of well-being and the lifeworld of post-partum women, the AT is significant because of its concern with an aligned, flexible and free neck and spine relationship. Women look down at their babies during many activities, and the potential for developing habitual forward head posture seems real along with the tension consequences and loss of physical well-being due to that habitual forward head posture. These AT benefits were articulated by participants in the studies outlined above. In addition, the broader evidence base also suggests the value of the AT in back and neck pain (Woodman et al. 2018; Wenham et al. 2018; Little et al. 2008; MacPherson et al. 2015), with the former being a common complaint in perinatal women. The AT appears to offer a path towards conscious self-care, which, when taken alongside evidence indicating that the AT improves posture and general well-being and increases confidence in the ability to address current and future challenges (Kinsey et al. 2021), feels persuasive of its benefits.

8 Role of Healthcare Professionals (HCPs)

The role of HCP in supporting *well-being* has not been widely researched. While there are studies looking at their role in the treatment of not just physical issues but also perinatal mental health problems (Noonan et al. 2017, 2018), there is little which addresses their role in supporting well-being as we have outlined it. Findings from our online survey of nine UK-based HCPs' views on well-being in the perinatal period (currently unpublished) enable us to also identify some of the barriers facing HCPs in this area. Our findings suggest that HCPs are very aware of the range of elements which contribute to women's well-being in the perinatal period; they identified factors influencing well-being including pressures on women from society and from their life circumstances whether that be relationship, financial or environmental. The HCP themes concorded quite strongly with women's own views from the women's survey, described above. In particular, HCPs were aware of women's own immediate context and the need for them to feel safe and secure (Charitou et al. 2019).

This survey requires care in making generalisations, due to small numbers; however, it seems significant that the HCPs who took part tended to characterise the perinatal period as risky, and their responses suggested a focus on seeking to reduce risk and to avoid harm rather than actively promoting well-being. This is understandable given that HCPs work within structures which tend to fragment women's experiences, with services being specialty based and focused on treating specific issues.

However, when identifying what would help women, the HCPs responded with a sense of considering the whole woman. In terms of the support which HCPs identified, the provision of good, accurate and trustworthy information was seen as extremely important. They highlighted the need for a firm foundation as the basis for well-being, with women having access to good information that allows them to approach the perinatal period and early parenthood with accurate knowledge and realistic expectations. Good communication, as often identified (Goodwin et al. 2018), was central with the need for women to be listened to, heard and responded to as individuals with a range of challenges and strengths and with individual needs. HCPs talked about the need for an individual, person-centred focus, ideally following the woman's lead and enacting her wishes, which has been demonstrated elsewhere to be central to women's feelings of control (Greenfield et al. 2019). Implicit in this is a need for flexibility in the system and for women to be able to trust professionals and services and ideally develop relationships with them; this is not necessarily the case.

HCPs also talked about the need for support across the perinatal period to come from wider networks including partner, family, friends as well as health professionals. However, there was a tendency for HCPs to focus on factors which negatively impact well-being rather than those which enhance it reflecting the risk management and damage limitation approach.

While HCP views in this survey align with the framework, professionals are hampered by time and by the structures and systems which are in place and under pressure in the UK and elsewhere (Wadephul et al. 2018). This situation has been made significantly worse by the coronavirus pandemic (Reingold et al. 2020; Sanders and Blaylock 2021). While there appears an understanding and a willingness amongst health professionals to provide support for women's well-being, a move towards a well-being-focused approach will need a major paradigm shift in both training and services, and we need to consider whether and how this might be possible.

9 Conclusion

Well-being is clearly of significance for perinatal women. Our work indicates that well-being requires a broader definition than has traditionally been the case; accepting the more holistic definition presented in this chapter requires us as midwives and HCPs caring for perinatal women to consider the implications for practice, what we can and cannot influence in the differing aspects of the well-being frame.

A key challenge is whether our current maternity service systems and processes enable us to promote a well-being-focused approach, or if it is a construct important to women themselves. A key focus of well-being appears to be the concept of self-care, which is something that can be supported and encouraged in our encounters with women throughout their maternity journeys. Women clearly highlight the importance of genuine understanding relationship, being listened to, feeling understood and empathy, approaches which are possible within any care encounter, as

found in previous studies (Lewis et al. 2017). As other authors point out, however, empathy is a complex variable and there remains a necessity to investigate the long-term effects of health professional empathy on patient satisfaction and clinical outcome (Charitou et al. 2019). Midwives and HCPs need to recognise how the current paradigm influences how they respond to women and how that might influence the way they both conceptualise but also address well-being in a clinical context. Many of the things that women want are core midwifery skills, which may just need a slightly different orientation.

Further, it is clear that there is potential in approaches which traditionally sit outside maternity service provision but that may enable women to develop skills and strategies to focus on their own well-being but more importantly give permission for women to focus on their own needs and make space for self-care. The AT is clearly one such intervention, amongst others (such as the approach by Stuge and colleagues (2004) as described above), which would benefit from future research.

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