



Promoting mental and emotional health during pregnancy
At the first stage of preventive care the health status
of all women should be assessed

Antenatal care is available for all expectant mothers/parents and is free of charge. This service has been offered in Iceland for decades. Antenatal care is an essential part of health care, and its effectiveness and preventive value is indisputable. One of the objectives of the antenatal care provided by the national health care system, is to promote good health of mother and baby, and to detect risk factors and respond to them accordingly.

The initial antenatal care check-up and consultation is focused on identifying the women who need specialised and more meticulous care than other women, women whose physical state, mental state or social status could cause illness or other sufferings for mother or baby during pregnancy. During the first visit the needs of pregnant women and expectant parents should be assessed, and then reassessed during every visit after that, because new issues can come up at any time (*Klínískar leiðbeiningar um meðgönguvernd*, clinical guidelines on antenatal care). Increased knowledge and recent research continue to show the importance of the attachment relationship between mother and baby during pregnancy. Secure attachment is the primary factor in protecting the health of a child in its development in the first years of its life. The working instructions for mental and emotional health during pregnancy are a tool for further prevention and health promotion within families. See the clinical guidelines for antenatal care, chapters “1.3 Atriði sem þessar leiðbeiningar ná ekki yfir” for aspects the instructions do not cover, and “7.6 Skimun á geðheilsu, greining og fyrsta meðferð geðrænna vandamála” on screening for mental health, diagnosis and first treatment for mental health problems (Karítas Ívarsdóttir & Ragnheiður Backman. 2012. *Klínískar leiðbeiningar um meðgönguvernd*, Þróunarstofa HH.)

Using conversation as a tool - working instructions

1st visit - within 12 weeks (all women)

Hypothesis: Pregnancy and birth constitute a major adjustment period within a family, which impacts the mental, physical, and social wellbeing of the woman/family. Communication changes, especially with spouse/partner and with own mother. Previous experiences of every family member influence how big the impact will be, and whether positive or negative. The attachment style of the parents (with their own family and with each other) lays the foundation and has predictive value for the attachment with the baby.

The period from conception till week 12 is the “creation” (break up) period, cell differentiation is ongoing, and all major organs form from the fusion of two cells.

Proposition: To increase knowledge and strengthen skills of expectant parents in new circumstances, considering their role and the development of the foetus. In the first conversation we lay the foundation of a cooperative relationship built on trust, between the parents and the health care professional. We also evaluate whether the family needs more assistance or more specialised services than the clinical guidelines cover.

Execution: Whilst introducing and explaining the purpose and aims of the antenatal care, you take note of the family history (e.g., by drawing a genogram (?)), the intention is to get to know the family.

- Ask about mental/emotional health and changes during pregnancy (previous pregnancies and births).
- Discuss developmental tasks during this transition period, adjustments, and prioritisation of tasks.
- Ask about support network.

- Talk about the developmental stages the foetus/baby is going through and connect with changes experienced by mother/parents, e.g., influence on sleep, rest, and nourishment.

Genogram (Family tree): Information regarding the couple's relationship, previous developmental tasks, the period of pregnancy prior to the first visit, and support network (see lecture).

Are there risk factors for poor emotional health during pregnancy, such as difficult life experiences, difficulties in partner relationships or in relationship with mother (attachment style), lack of support, lack of self-identity, fatigue/stress during pregnancy. Also, demographic information such as age, education, occupation, and marital status.

We want their history of experiences and views on life, not the history of their medical health!

- Use open questions (see lecture and reading material)
- What type of support does the woman need/wants to accept?
- Summarise, close the conversation, and offer continuing support.

What you can say:

Welcome – introduce yourself!

How are you doing? It's good to get to see/meet the both of you, because the changes you are and will be going through in the next months present a project you will have to work on together. This project is about how you adjust to the transition to parenthood. (If by herself: the changes a mother is going through can make her feel like she needs support or a confidant... is there anyone you would like to have come with you?)

I want to use this first meeting/visit to get to know you better and introduce you to the antenatal care. (I will begin by drawing symbols on a piece of paper representing you and the little baby... is that ok?)

How did you react or feel when you found out you were pregnant/saw the + symbol? When was it? Were you expecting it? Had you been waiting for this? For long? How about you, how did you react or feel? (directed at father)

I ask because it is very natural for all sorts of emotions to come up in these situations, ranging from insecurity and fear to excitement and joy. It is also natural to experience new emotions, because during pregnancy, especially the first one, you are going through a developmental period, and it's helpful to be conscious of that whilst you are going through it. Therefore, in addition to the check-ups, we will talk about the growth and development of the baby, as well as the changes you notice regarding your emotional health and the way you feel. In this space you can talk about good emotions and difficult emotions.

But for now, have your emotions changed since that moment? (You see that many things can change in a short time - mirroring)!!

Now I want to ask a few things about you (regarding communications, stress, fatigue, nausea, about the father...)

What are your daily activities (studies, work)? How is that going? Has that changed during the pregnancy, is there something that threatens that balance? Is there a lot of stress/strain? How can that be changed?

Is there something you would like to mention that I haven't asked about? How can I support you in the best way? (Expectations!)

Now that I've gotten to know you a little, I would like to tell you a little bit about what is happening with your little baby. From the conception a lot has happened. From the moment the two cells merged, they've specialised into all the organ systems the body needs. They are primitive and fragile in the beginning but become more specialised with every week that passes. Because of the baby's

fragility it is important to have a healthy lifestyle, and in that way, regarding certain factors, putting the baby first. Eat a nutritious diet, rest as needed and reduce stress. In that way you create good conditions for the baby to grow and develop in. This can mean that you need to make some changes.

Do you usually have breakfast? What do you have? (Education on nutrition).

How is your sleep? Do you take a nap during the day? Would that help?

(Education on fatigue during pregnancy). *What do you do for exercise? Do you think you will continue that during the pregnancy?* (Education-walks/relaxation/yoga).

Automatic responses are already present in the baby. The first movement detected is in the heart muscle, which starts to beat at 3 weeks after conception. At 7 weeks it starts to move, although mothers do not feel the movements until at 17-20 weeks.

Lastly, I would like to ask...

Have you ever experienced an event which was difficult for you to handle, or you experienced as traumatic? Is there something in your life that causes you to feel more sadness or weariness than before? Have you had any prior emotional issues? How about you (direct the question to the father), is there anything impacting your emotional wellbeing these days?

Pregnancy is a major transition period and there can be moments where old memories, nice ones, and difficult ones, can surface. If they start to weigh on you, it's good to talk to someone about it.

2nd visit (16 weeks - all women)

Hypothesis: Weeks 12-24 of pregnancy are called the “sorting out” period. This is a time of balance, all major organs have already formed. Limbs, nerves, and muscles are strengthening, and they are starting to cooperate better. Parents now look for answers and facts about changes during pregnancy. Parents, at this time, are more receptive to thinking about the baby in the womb. The risk of miscarriage has passed and thoughts about the birth itself are distant. By increasing the knowledge of the parents and supporting them, we increase the likelihood of secure attachments.

Proposition: To get the parents more conscious about the fact that the baby is getting to know its surroundings through its sensory organs in the womb.

Execution: Talk about the development of the baby and what the parents are experiencing.

Even though babies are born in different sizes, at 20 weeks the size of babies is uniform. The baby is small in a large space. It explores its environment by arching and moving, back and forth. Once in a while it bumps into the uterus wall, which you can detect as a little touch, and which many initially believe is intestinal movements, but with increased strength you will feel it more and more. During the sonar scan this will be visible to both parents. The baby is starting to sense its surroundings by for example putting their hand to their face or sucking on a finger.

Is there anything you are wondering about? Do you have any thoughts or questions? Is there anything we talked about during our last visit that you've been thinking about?

Are you starting to detect movement? How did it make you feel? Turn to the father... it can be frustrating not being a direct participant in that process, how do you feel about that? How is the pregnancy influencing you individually or you as

a couple? ... yes, I can hear that you care about her wellbeing/that she gets more rest!

3rd visit (25 weeks - nulliparous women/28 weeks - all women)

Hypothesis: At 24-32 weeks parents go through a period of introspection (inwardizing). Parents need support and confirmation, they are not as open to education (their questions revolve around confirmation of their own experiences). Positive, supporting connection, communication, and cooperation (behaviourally) between family members can improve the wellbeing and health of the family. (When problems arise in the communication or attitudes become problematic within the family, showing comprehension, acknowledgement, and talking about how you feel in regard to the problem can be helpful. Previous experiences have an influence.)

The baby's brain and nervous system keep developing and specialising. More sensory organs are awakened, i.e., vision and hearing. There is more control of movements (starts and stops) and they are made as a response to stimulus.

Proposition: To enhance supportive ways of communicating, through increased understanding of the individual needs of every member of the family. To strengthen the antenatal attachment by providing further education on the baby's development. To determine whether there are previous trauma/difficult life experiences which could affect the emotional state and wellbeing.

Execution: It is important to identify positive changes in communication, as well as communication which causes tension and conflict. The midwife mirrors the strengthening ways of communicating which he/she spots, and checks whether there have been changes in the communication during the pregnancy. If there is conflict, in order to introduce new ways of communicating, the midwife should ask about the interaction/solution of the conflict (prior and now).

How has it been going since last time? What has changed the most? What do you do together for fun? Often it is the small tasks of daily life (who does what) that cause tension, it is good to try to avoid that during this time. Has the division of duties changed? Is there any problem or tension... do you have any recurring thoughts or questions? Have you ever experienced trauma or a difficult event which is surfacing or

present in your mind now? Have you talked to someone about it/who can you trust with that?

Is there anything I am forgetting to mention? What are you doing to create a healthy and safe environment for you and your baby? How is it going coordinating that with your needs???

4th visit (31 weeks - nulliparous women/34 weeks - all women)

Hypothesis: This is the end of the period (24-32 weeks) where introspection has been prevalent, the period where anxiety can show up. If a prior difficult experience is causing tension or affecting emotional health, it is important to have already talked about resources. Fatigue of the mother and growth of the baby prominent (expanding).

Proposition: To check how the parents are doing with the adjustment process. To increase their awareness and focus on the family's developmental task, and check whether the antenatal care is assisting them/helpful. To continue enhancing attachment and mirroring what is going well.

Execution: Be present, provide security, answer questions in a supportive manner.

He/she has indeed grown, the bump is big and occupying more space. How is the cohabitation (mother and baby) going? It appears to be going well!

(Strengthen what is good).

I can see that you are adjusting to the changes (the feeling of being a parent).

It is common to feel this way at this point in the pregnancy (talk about probability or %).

Listen to the body, the baby will also lead you onwards.

5th visit (36 weeks - all women)

Hypothesis: Brain development is rapid, baby has a growth spurt. 80% of babies in the womb have formed a sleep/wake routine (which they can follow after birth). Even though there is less space in the womb, the baby should not be moving less. Parents are susceptible to education on the physiology of pregnancy, such as the difference between contractions and the baby's movements. The mother should minimize stress for the remainder of the pregnancy.

Proposition: To discuss and explain the growing sense of heaviness and reactions to it, which could decrease the risk of premature birth.

Execution: Discuss the importance of endurance, finishing the pregnancy, 4 more weeks. Explain the role of hormones and changes that occur as soon as the birthing process begins.

These last weeks can be difficult. Especially if the mother is very tired.

Do you know the difference between uterus contractions and the movements of the baby? (If not, explain). The baby should not be moving less, but the movements can be more organised since the baby has most likely created a routine of sleeping and waking. Do you notice periods of time when the baby

doesn't move, and then it's like it starts to move? Then it might have been asleep and woken up! It's creating a routine for itself. See if you can notice that! Have you heard about the states of consciousness in newborn babies, they are 6, and the baby in the womb is practising 5 of them. What they don't practise during pregnancy is the crying state.

How are you sleeping/resting? What are you doing to increase resting time? Is the baby awake when you wake up during the night? How is it going getting back to sleep?

It really is amazing what the body can do, going through such complicated processes like pregnancy and birth. But it is cooperation between mother and baby, you help each other out. There is new knowledge, which is good to keep in mind. Even though it is not entirely clear what exactly happens, it's known that both the mother and the baby influence the start of the birthing process. It could be the baby's sensitivity to hormonal changes... The baby is not inactive during birth, its activity is actually an important factor in moving it through the birth canal. It expands its body and then pushes itself down with every contraction. What you (both) could do to prepare for this cooperation is take the time to talk to the baby. *How do you feel about taking the time to lie down/sit in a chair, relax/take deep breaths/listen to music, which you could then bring with you to the birthing room, and talk to the baby, tell it that you are going to work together during the birth?*

6th visit (38 weeks - all women)

Hypothesis: Thoughts revolve more and more around the birth, the health of the baby and how it all will go. If there is anxiety, it can influence thoughts about the birth and/or the health of the baby.

Proposition: Prepare for the final stretch/prioritise, start thinking about the birth and what happens after the birth. You can talk about different individual needs, like carrying the baby to full term (go through the whole pregnancy) and explain how hormones prepare the baby for birth. Check if there are any anxiety prompting factors.

Execution: *How is it going? Have you planned for who does what?* Talk (again) about how the birth is a joint project between mother and baby (and the important role of the father).

Which one of you is more ready? Is the baby ready? Do you think it agrees with that? Talk about the changes for the baby and mention the first moment😊?

The baby needs to get acquainted with its surroundings outside the womb, react to, and attune its reactions, to stimuli - all that is done with your assistance.

Be conscious about the first eye contact (dad if mom has had a difficult birth).

Observe and notice how the baby looks at you and receives this new vision in “doses”. Babies are born with the ability to connect, and they use all their senses to do that.

The baby learns to be full and satisfied after being hungry! The baby learns that someone will come to temperate its body temperature. The baby learns that when stimulated, tension is created (stress hormone), and that it will need help to get back to a relaxed state. The baby learns about its own reactions through the faces of the parents (mirror neurones). Parents smiling is important, as well as feedback.

Encourage rest in order to gather strength for the birth and the first week

after the birth. The first weeks after the birth, in order to be able to prioritise this important task, the family needs peace and quiet. If all goes well, attunement between mother/father and baby takes place.

7th – 8th visit (40/41 weeks - all women)

Hypothesis: Fatigue and anticipation, possible “broken expectations” regarding the length of the pregnancy. Relaxation and massages decrease tension.

Proposition: Support and encourage preparation for the birth (same as during the 6th visit).

Execution: Discuss different emotions and the role of the baby during these last days.

How has it been going since last time? Have you taken the time to talk to your baby? Maybe you need to encourage it into action? Today it doesn't look like it is quite ready... What do you think? Agree and repeat the answer!!

It would be good to use these last few days to rest.

