



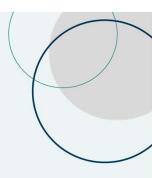
GUIDELINES FOR PSYCHOCOSIAL CONVERSATION IN PRENATAL CARE

STEFANÍA B. ARNARDÓTTIR FAMILY NURSE SPECIALIST, MSC ICELAND 6.-7. DECEMBER 2022









BUILT ON

THE CALGARY FAMILY ASSESSMENT MODEL (CFAM)

WRIGHT AND LEAHEY (2009),

PARENTING YOUR BABY BEFORE BIRTH

JOANN O'LEARY & LYNNDA PARKER (2009)

EARLY DEVELOPMENT AND THE BRAIN

ZTOTHREE: LINDA GILKERSON AND REBECCA KLEIN, EDITORS (2000)







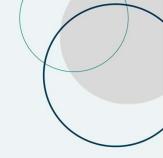
NATIONAL GUIDELINES FOR ANTENATAL CARE IN ICELAND(2012)



- ...THE INITIAL ANTENATAL CARE ... IS AVAILABLE FOR ALL EXPECTANT MOTHERS/PARENTS AND IS **FREE OF CHARGE**....AND PART OF THE OFFICIAL HEALTH CARE... ONE OF THE OBJECTIVES IS TO PROMOTE GOOD HEALTH OF MOTHER AND BABY, AND TO DETECT RISK FACTORS AND RESPOND TO THEM ACCORDINGLY.
- ...WOMEN WHO NEED SPECIALISED AND MORE METICULOUS CARE THAN OTHER WOMEN...
 MENTAL STATE OR SOCIAL STATUS COULD CAUSE ILLNESS OR OTHER SUFFERINGS FOR
 MOTHER OR BABY DURING PREGNANCY. ...PREGNANT WOMEN AND EXPECTANT PARENTS
 SHOULD BE ASSESSED...







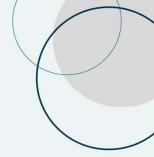
NATIONAL GUIDELINES FOR ANTENATAL CARE IN ICELAND(2012)

- 7.6ON SCREENING FOR MENTAL HEALTH, DIAGNOSIS AND FIRST TREATMENT FOR MENTAL HEALTH PROBLEMS
- ...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.









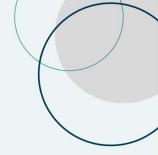
CLINICAL GUIDELINES (2011)











CALGARY MODEL FRAMEWORK

- HYPOTHESETHE PREGNANCY AS A TRANSITIONAL PERIOD
- PROPOSE TO INCREASE THE ADJUSTMENT TO PARENTHOOD
- EXECUTIONOPENING QUESTION
- GENOGRAM (FAMILY-TREE)







A. GESELL; 6 STAGES DURING PREGNANCY

SMOOTH STAGE

• BREAK-UP

SORTING OUT

INWARDIZING

EXPANTION

NEUROTIC FITTING TOGETHER

EGG

FERTILIZATION-12 W

12-24W; EQUILIBRIUM

24-32W; DIS-EQUILIBRIUM

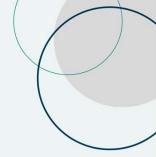
32W-LABOR & BIRTH

BIRTH-4 WEEKS POST PARTUM









ANTENATAL CARE IN ICELAND

- 1ST VISIT WITHIN 12 WEEKS (ALL WOMEN)
- 2ND VISIT (16 WEEKS ALL WOMEN)
- 3RD VISIT (25 WEEKS NULLIPAROUS WOMEN/28 WEEKS ALL WOMEN)
- 4TH VISIT (31 WEEKS NULLIPAROUS WOMEN/34 WEEKS ALL WOMEN)
- 5TH VISIT (36 WEEKS ALL WOMEN)
- 6TH VISIT (38 WEEKS ALL WOMEN)
- 7TH 8TH VISIT (40/41 WEEKS ALL WOMEN)



3RD VISIT (25 WEEKS - NULLIPAROUS WOMEN) /28 WEEKS - ALL WOMEN)

• INWARDIZING24-32W; DIS-EQUILIBRIUM

- HYPOTESES: 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.
- PROPOSE: TO ENHANCE **SUPPORTIVE WAYS OF COMMUNICATING**, THROUGH INCREASED UNDERSTANDING OF THE INDIVIDUAL NEEDS OF EVERY MEMBER OF THE FAMILY. **TO STRENGTHEN THE ANTENATAL ATTACHMENT**

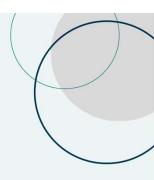












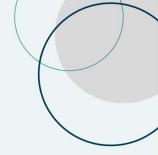
EXECUTION:OPENING QUESTIONS

- 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....
- How has it been going since last time?
- What has changed the most?
- What do you do together for fun?
- Has the division of duties changed? Is there any problem or tension...
- 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?









AMOR - TRANSITION TO PARENTHOOD

- AFFECT REGULATORY CAPACITY
- MENTALIZATION CAPACITY: SEEING THE CHILD AS AN INDIVIDUAL
- OPENNESS (TO MEETING THE REAL BABY)
- RECIPROCITY (OR REPRESENTATIONS OF CLOSE RELATIONSHIPS)



THANK YOU







