

# GUIDELINES FOR PSYCHOSOCIAL CONVERSATION IN PRENATAL CARE

STEFANÍA B. ARNARDÓTTIR  
FAMILY NURSE SPECIALIST, MSC  
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# BUILT ON

THE CALGARY FAMILY ASSESSMENT MODEL (CFAM)

WRIGHT AND LEAHEY (2009),

PARENTING YOUR *BABY* BEFORE BIRTH

JOANN O'LEARY & LYNND A 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)

- 7.6 .....ON 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)

*PROMOTING MENTAL AND EMOTIONAL HEALTH DURING PREGNANCY  
AT THE FIRST STAGE OF PREVENTIVE CARE THE HEALTH STATUS  
OF ALL WOMEN SHOULD BE ASSESSED*

# CALGARY MODEL FRAMEWORK

- HYPOTHESE .....THE PREGNANCY AS A TRANSITIONAL PERIOD
- PROPOSE ..... TO INCREASE THE ADJUSTMENT TO PARENTHOOD
- EXECUTION .....OPENING 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

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



# 3<sup>RD</sup> VISIT (25 WEEKS - NULLIPAROUS WOMEN /28 WEEKS - ALL WOMEN)

- INWARDIZING24-32W; DIS-EQUILIBRIUM
- **HYPOTHESES:** 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

- **A**FFECT REGULATORY CAPACITY
- **M**ENTALIZATION CAPACITY: SEEING THE CHILD AS AN INDIVIDUAL
- **O**PENNESS (TO MEETING THE REAL BABY)
- **R**ECIPROCITY (OR REPRESENTATIONS OF CLOSE RELATIONSHIPS)

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# THANK YOU



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Liechtenstein  
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HEILSUGÆSLA  
HÖFUBORGARSVÆÐISINS