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Original Research Paper

Nursing

GROWING TOGETHER: A THERAPEUTIC APPROACH

Ms. Swati	lecturer, Government college of nursing, Daga hospital Nagpur,
Waghmare	Maharashtra, India.
Mrs. Vaishali	Professor, Dept. of OBGY Nursing, SRMMCollege of Nursing, Sawangi (M)
Taksande*	Wardha, Maharashtra, India. *Corresponding Auhtor

ABSTRACT

Background: Man is a social animal and learns from social contexts. Family, friends and people in immediate environment contribute to the growth of a person in varied dimensions at different points of time in life. Antenatal period is a very crucial period for women which demands constant experienced support throughout the pregnancy. Pregnant women when meet each other share their experiences and learn from each other's experiences. Their worries, anxieties and physical concerns are resolved through such interactions. They are then better prepared for their new roles as mothers and for the birthing process which is considered as second birth of the women in most parts of the world. The foregoing article takes the overview of this process of growing together of women and its therapeutic uses and advantages that are fostered through studies.

KEYWORDS:

INTRODUCTION

Antenatal period is a very crucial period for women. The hormonal changes and physical and physiological consequences of pregnancy are related to antenatal stress which is compounded by the social support system, financial constraints, cultural pressures, family type, nature of pregnancy and many more socio-cultural factors. Women holding secondary status in the society usually do not verbalize their fears and concerns during pregnancy. This adds to their stress. All expectant mothers and fathers should be helped to prepare for birth and parenthood and groups and classes in pregnancy have been important to generations of expectant mothers and fathers.

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Expectant parents want information about the many topics related to pregnancy, childbirth and early parenting and they want support from other people like themselves and health professionals. They don't know what is available and often feel overwhelmed (and 'dumped on') by the volume of materials and information that may not address their needs at the right time. Different social and ethnic groups vary in what they want.²

In recent years, increased attention has been paid to psychological needs during antenatal period. Literature search indicates that many women experience psychological distress during pregnancy.¹

Mood disorders are common with prevalence rates for depression reported to be 7.4% in the first trimester, 12.8% in the second trimester, and 12.0% in the third trimester.³

ANC conventionally takes the form of a one-on-one consultation between a pregnant woman and her health-care provider. 3

However, group ANC integrates the usual individual pregnancy health assessment with tailored group educational activities and peer support, with the aim of motivating behaviour change among pregnant women, improving pregnancy outcomes, and increasing women's satisfaction (1). The intervention typically involves self-assessment activities (e.g. blood pressure measurement), group education with facilitated discussion, and to socialize. Group ANC needs to be delivered in a space large enough to accommodate a group of women, with a private area for examinations.⁴

CONCEPT OF GROWING TOGETHER

Growing Together: Growing a Child = Growing a Mom

Growing together with the child is the concept wherein the mother also grows her skills to equip, encourage, and energize herself in the most important job in all the world—raising children.³

Growing together starts right from conception and lasts until life ends. As the baby is born and passes through various milestones of development and is ready to be launched in the world independently, the mother is learning her lifelong. However, the growing together concept mainly aims at growing of the women when she is pregnant along with other pregnant women and in the first five to 10 years of her child's birth.³

The expectant mother is very apprehensive of her own skills at rearing the child. She is usually in need of help for health in pregnancy, advice on diet and how to cope with minor health problems, preparing a birth plan, what to expect in later pregnancy, such as the early signs of labour, exercises for before, during and after labour, what to expect during labour and birth and your choice of pain relief, relaxation and breathing exercises to help you cope with labour and birth, possible problems during labour and procedures such as caesarean section, the impact of pregnancy on relationships, feeding and caring for the baby, and bonding with the baby.³

All this information is shared by the antenatal mothers in the group when they meet and share their experienced of self and in neighborhood. Health care provider is in the pivotal position to provide sound scientific information about such issues of concern to the group of mothers. This shared experience may be termed as growing together. The growing together is not just restricted to the topics mentioned above. This growing together can be for any particular common cause. e.g. alcoholic anonymous for the alcohol de-addiction. The main idea is growing which includes enhancing knowledge and skills through shared learning. It is learning through the experiences of self and others.

ADVANTAGES OF GROWING TOGETHER

The evidence on the effects of group ANC was derived from a Cochrane review that included four trials involving 2350 women. Two trials from the USA used a group ANC model known as Centering Pregnancy, in which group ANC was conducted in circles of $8{\text -}12$ women of similar gestational age,

meeting for 8–10 sessions during pregnancy, with each session lasting 90–120 minutes. Sessions included self-assessment activities (blood pressure measurement), facilitated educational discussions and time to socialize, with individual examinations performed in a private/screened off area. One trial conducted in Sweden used a group model similar to the USA model but mainly assessed provider outcomes and contributed little data to the review. The fourth trial, conducted in the Islamic Republic of Iran, was a cluster-RCT in which group ANC was described as being similar to the Centering Pregnancy approach.⁴

Social Support & Health Outcomes

A feasibility study conducted in Ghana suggests that group ANC might improve women's pregnancy experiences, and providers' experiences, and potentially improve health outcomes in low-income settings, due to improved health literacy and better engagement of pregnant women with ANC. It is plausible that group ANC may have an impact on other outcomes outside the scope of the ANC guideline, such as breastfeeding initiation and postnatal contraception, by improving communication and social support related to these healthy behaviours.⁴

Fetal And Neonatal Outcomes

Group ANC has little or no effect on low birth weight and it may have little or no effect on perinatal mortality. Group-based provision has been associated with lower rates of pre-term and low birth weight delivery, higher incidence of breastfeeding initiation, higher levels of knowledge and better support from partners.⁴

Resources

Group ANC may be associated with lower health-care provider costs due to increased staff productivity and efficiency; e.g. health-care providers do not need to repeat advice to each woman individually, and they may be less likely to feel overwhelmed by long queues of women waiting to be seen.⁴

Equity

Less-educated women are more likely to have poor maternal health literacy than more-educated women (6). Therefore, interventions such as group ANC that aim to improve women's ability to access, understand and use educational materials could have a positive impact on reducing health inequalities by improving maternal health literacy among disadvantaged women. In addition, social support is often lacking for disadvantaged women and group ANC may help to reduce inequalities by facilitating the development of peer support networks.⁴

Acceptability

Qualitative evidence from several HICs suggests that women enjoy the group format and use the opportunity to build socially supportive relationships with other pregnant women and health-care professionals. The flexibility of the format allows women to exchange valuable information with each other and discuss pregnancy-related concerns in a relaxed and informal manner. Most women appreciate the additional time inherent in the group approach.⁴

Evidence from providers in HICs suggests they find group sessions to be enjoyable and satisfying and a more efficient use of their time. Providers also identified the group approach as a way of providing continuity of care. 4

Cost-Effective

Few providers attend to relatively large numbers of women in a limited time. Cost-effective care can be delivered. 5

Improved knowledge and confidence

It plays a role in improving knowledge and preparation for

parenthood It can increase a mother's satisfaction with the birth and birth experience. $^{4.5}$

Improved psychological wellbeing

Good quality, focused antenatal education can help manage and reduce maternal anxiety and depression during pregnancy and early childhood, leading to improved coping, more partner support and better birth experience.⁵

DISADVANTAGES OF GROWING TOGETHER

Qualitative evidence from high-resource settings suggests that health-care professionals view the facilitative components of group ANC as a skill requiring additional investment in terms of training and provider commitment. Some providers also feel that clinics need to be better equipped to deliver group sessions, i.e. clinics need to have large enough rooms with adequate seating.⁴

Effective communication can be challenging for the health care provider in a large group. 4

Privacy of individual mothers may be at stake.4

Particular groups have specific preferences and needs to be taken into account. For example, adolescent parents engage best in interactive antenatal education designed for teenagers and offered to young parents with a similar social background. Different ethnic groups also have different preferences, and in general want to explore information in relation to their own cultural beliefs and norms. §

ELEMENTS OF GROWING TOGETHER

1.Sleep & rest

 Many new mothers share stories of sleepless nights and exhaustion. Sleep and rest are very important for mother's physical and mental health.

Tips for rest and sleep -

- Mother can be comfortable asking people to help her so that she can get the rest and sleep she needs.
- She can create a bedtime ritual or routine for herself.
- She may have to adjust her routine as the demands of her baby change.
- While child is having a nap, she can try to rest during the day. It is up to her to decide if this is practical, or if she would prefer to get some chores done around the house.
- She can get to know the signs that her baby gives when it is sleepy, such as becoming irritable, rubbing eyes, or yawning.
- A short light massage before bed may help children settle
 if this is something they enjoy. It may also be a nice part of
 a bedtime routine for her partner or someone else who is
 helping her.
- She can try to avoid TV or videos right before bed for her child.
- Babies may sleep better in a bedroom that is quiet, comfortable, and familiar.
- Bed time routines are helpful for young children (like "the 4 B's" bath, brush, book and bed). Make sure that the routine she creates is not too much for her. She can ask for bed time help if she needs it.
- It is best not to share a bed with baby. It is especially
 unsafe if mother is very tired, under the effects of alcohol or
 other drugs or taking certain medications. Sharing a room
 with r baby or sleeping within arms reach is safe for the
 baby.
- Develop a family plan so others can help her baby develop good sleep routines while mother recovers.

2. Routines & Transitions

It is important for new parents to talk together about their own family routines that have meaning for them and that are

important for their culture. It is important to talk together about the goals they have for routines for their new family.

- Routines help babies and toddlers learn self-control.
 Consistent routines, activities that happen at about the
 same time and in about the same way each day, provide
 comfort and a sense of safety to young children. Knowing
 what will happen next gives babies and toddlers security
 and emotional stability. When children feel this sense of
 trust and safety, they are free to do their "work", which is to
 play, explore and learn.
- Routines can bring mother and child closer together and reduce power struggles. Stable routines allow babies and toddlers to anticipate what will happen next and give young children a sense of control. Routines can also limit the amount of "no's" and behaviour corrections that mother need to give a toddler throughout the day, since the child can better predict what should happen next.
- Routines guide positive behaviour and safety. Routines are like instructions – they guide children's actions toward a specific goal. Routines can be used for many reasons, but two of the most important are ensuring children's health and safety, and helping children learn positive, responsible behaviours.
- Routines support children's social skills. As babies grow, they come into contact with more people and begin to learn patterns and routines for social interactions (such as greetings and goodbyes). These interactions are also opportunities for developing language skills.
- Routines are satisfying and helpful for parents too. Not only do routines and rituals make transitions easier for children – they also help ease adults into parenthood.

3.Feeding

Feeding is about more than nutrition. The connections you have with your baby during feeding times help you develop your relationship together.

- Make the choice of how to feed baby that works the best.
 Mother should feel comfortable with this choice.
- Hold the baby during breast feeding and bottle feeding.
 Sit with child during meal times when older for communication during feeding.
- Toddlers are messy eaters! This messiness may bother the
 mother more at some times than others. Giving amounts of
 food at once to make less mess may help. The toddler
 learns by exploring with food. Be sure that child has time to
 learn how to feed self.
- Partner, family and friends can help with meal times.
 Together, the baby will get the connections that it needs to grow.
- When mother responds to baby's feeding needs and preferences, it helps them learn what their body is saying about being hungry or full. This helps the baby develop.
- Mother must avoid distractions and focus on child during meal times.
- The older child can be encouraged them to participate in meal time preparation. Even toddlers can do simple tasks like setting the table or mixing things. Involving child helps build connections to family members and helps them develop.⁷

4. Activity & Play

Physical activity includes any activity where most of the body is moving. When babies are allowed to move and explore on their own, they learn about their environment and their abilities. Play is the child's language and way of interacting with their world.

- · Follow child's lead and show interest in their activity.
- Have family and friends take on some play activities with child. These are good moments to widen the circle of trusted adults in the life of child.
- Get out in neighborhood and meet some other mothers

- and families.
- There are many everyday objects around the house that can offer babies for their play. These objects don't have to be fancy. Most importantly mother can play with the baby/child.
- It is never too early to start reading to baby. Sit baby on lap
 and look at picture books together. Talk with baby about
 what mother is seeing and reading. Hearing words helps
 baby develop talking.
- Babies can become over stimulated if there are too many objects or toys around. Too much stimulation at one time can confuse babies and cause them to miss some learning. It can also irritate babies and make them more difficult to settle.
- Activities that involve nature can lower feelings of stress and improve well being for mother and child. Try spending some time outdoors with family.⁷

CONCLUSION

Growing together is a concept that encompasses whole life span of a mother. It starts even before the birth of her child and continues throughout the life. More importantly it is helpful to her when her child is dependent on her and she herself has lack of confidence about looking after the child and rearing it the correct way. As the child grows the mothers also become strong and ready to face the inadequacies of life, difficult times and find solutions that suit them the best. Growing together has a therapeutic effect. However, this area is not researched adequately yet. Growing together can be studied for antenatal mothers, postnatal mothers, new parents, parents of under five children, adolescents and even for specific disease conditions.

REFERENCES

- Signal TL, Paine SJ, Sweeney B, et al. The prevalence of symptoms of depression and anxiety, and the level of life stress and worry in new zealand m ori and non-m ori women in late pregnancy. Aust N Z J Psychiatry. 2017;51(2):168–176.
- Nasreen HE, Kabir ZN, Forsell Y, Edhborg M. Prevalence and associated factors of depressive and anxiety symptoms during pregnancy: a population based study in rural Bangladesh. BMC Womens Health. 2011;11:22.
- Smith Battle, I., Chantamitropas, C., Freed, P. McLaughlin, D., Schneider, JK. Moms Growing Together: Piloting action methods and expressive arts in a therapeutic group for teen mothers. J Child AdolescPsychiatrNurs. 2017; 30: 72–79. https://doi.org/10.1111/jcap.12172
- WHO Reproductive Health Library. WHO recommendation on group antenatal care. (November 2016). The WHO Reproductive Health Library; Geneva: World Health Organization.
- Catling CJ, Medley N, Foureur M, Ryan C, Leap N, Teate A, Homer CSE. Group versus conventional antenatal care for women. Cochrane Database Syst Rev. 2015; (2):CD007622.
- WHO handbook for guideline development, 2nd edition. Geneva: World Health Organization; 2014 (http://www.who.int/kms/handbook_2nd_ed.pdf, accessed 6 October 2016).
- 7. BC Council for Families (https://www.bccf.ca/topic/the-early-years/)