A PHENOMENOLOGICAL EXPLORATION OF THE EXPERIENCE OF ANTEPARTUM BED REST IN MOTHERS: BEYOND POSTPARTUM

Gwendelyn S. Orozco
Phd (C ), MSN.Ed, RNC-OB
Research confirms that antepartum bed rest (APBR) has a negative emotional and physiological impact on mothers during both the antepartum hospital stay and immediate (up to six weeks) postpartum period.
The current state of the science provides inadequate articulation of the meaning of the APBR experience for mothers who are more than six-weeks postpartum.
The purpose of this study was to explain the meaning of the APBR experience in mothers who are more than six-weeks postpartum.
Interpretive phenomenology using Van Manen’s hermeneutic phenomenological inquiry goes beyond description and is concerned with the meaning mothers ascribe to the APBR experience.

The answers will originate from the mothers who had the APBR experience as they are expert knowers of themselves.

It is from this individual knowing that this study seeks to extract the individual and unique understanding of the meaning of the experience of APBR in these mothers.
The following aims were sought:

- (a) describe and explain the meaning of the experience of APBR for those mothers who have experienced it.

- (b) contribute to closing the gap in knowledge (the literature) and inform nursing practice that will allow continuation of care into this time period (past the post partum six week period)
SIGNIFICANCE TO NURSING

- The analysis of the experience which describes and explains the meaning of the experience of APBR informs nursing to develop policies that update nursing practice.

- Nursing education leads to improved practice by applying evidence-based information to advance nursing practice.

- This problem needed to be addressed as we know that APBR leads to both physiological and psychological problems up to six weeks postpartum.

- This study discovered that symptoms still persist after the six week postpartum and in some patients symptoms persist for years!
REVIEW OF RELEVANT THEORETICAL RESEARCH LITERATURE

- Key Terms Antepartum, Bed Rest, Hospitalized, Pregnancy

- CINAHL 2007-2017
  5 Citation(s)

- Medline 2007-2017
  5 Citation(s)

- PsycINFO 2007-2017
  3 Citation(s)

- All Data Bases 2007-2017
  8 Citation(s)

- PUBMED 2007-2017
  5 Citation(s)

4 Non-Duplicate Citations Screened

- Peer Reviewed, English Language

- Not related to mothers experience

5 Articles Retrieved

Inclusion/Exclusion Criteria Applied

- Articles Excluded After Full Text Screen

- Articles Excluded During Data Extraction

Articles Included
Physiological Effects of Antepartum Bed Rest

- **Weight loss** - decrease in fetal weight
- **Deteriorating muscle function** Research done up to six weeks post partum with 40% of symptoms from Postpartum Checklist prevailing Maloni & Park (2004)
- **Deteriorating bone function** Pregnant women on bed rest have 4 x more irreplaceable bone loss than pregnant women not on bed rest Prominslow, Herz-Picciotto, Schramm, Watt-Morse, Anderson (2004)
- **Aerospace studies** - Bed rest causes fluid shift to head every organ in body (Bloomfield, 1997; Fortney et al., 1996; LeBlanc, Scheider, Evans, Engelbretson & Krebs, 1990; Sandler & Vernikos; 1986).
- **Sleep Disturbances** antepartum women on hospitalized bed rest are woken up an average of 32 times a night (Gallo, 2008)-
Psychosocial Experiences of Antepartum Bed Rest

Main Articles Richter (2007); Rubarth, Schoening, Cosimano, and Sandhurst (2011); Lederman, Boyd, Pitts, Roberts-Gray, Hutchinson, and Blackwell (2013); Bauer, Victorson, Rosenbloom, Barocas, and Silver (2010)

Loss of Control
Boredom
Feelings of Being a Burden
Fighting a Battle for their Unborn Children
Loneliness
Anger
Wanting to be left alone
Sadness
Self-doubt
Envy
Punishment
What is the meaning of the antepartum bed rest experience for mothers who are more than six-weeks postpartum?
Heidegger’s Interpretive Phenomenology, Van Manen’s Hermeneutic Phenomenological Human Science

Studies the first person’s point of view

This approach sought to understand the person’s reality, opinions, beliefs, knowledge, and questions pertaining to an experience (Heidegger, 1962)

Explored the meaning of the mother’s APBR experience from the perspective of the mother as she interprets the meaning of her experience
Influenced by the philosophical underpinnings of Martin Heidegger

- Articulated an ontological understanding of what it is to be a person and how humans cope in everyday experiences.
**Selection** Recruitment measures were via flyers in doctors’ offices, churches, social internet, and public media. Inclusion criteria included women who were 18 years or older, can speak, read, and write English, were diagnosed with a high-risk pregnancy, prescribed APBR, and maintained hospitalized bed rest at a minimum of 14 days—just prior to giving a live birth and have surpassed the postpartum period of six weeks.

**Sample** A purposeful convenience sample of 15 mothers who had the experience of hospitalized APBR and surpassed the six week postpartum period was studied.

One on one semi structured interviews were conducted using open ended questions. All interviews were recorded and transcribed verbatim. Over 12.5 hours of audio and transcribed data was obtained.
The researcher is an experienced high-risk antepartum nurse with over 37 years of clinical experience with women who have been placed on APBR.

This clinical experience provides familiarity with the types of issues, concerns, and feelings that may arise during an interview.
Access was gained through the 37 year connections the Primary Investigator (PI) I has made both clinically as an RN and as a OB lead clinical faculty.

The PI started IRB with Letters of Support from professional relationships with OB doctors.

Church Bulletins, Social Media, and invitation to Web sites were utilized.
PROTECTION OF PARTICIPANTS AND ETHICAL CONSIDERATIONS RELEVANT TO QUALITATIVE INQUIRY

- Internal Review Board (IRB) Approval and Protection of Human Subjects
- Collaborative Institutional Training Initiative (CITI) Certifications up to date
- Informed Consent to inform and educate the participants. Informed consents are written at an 8th grade reading level and the participants are given an opportunity to ask questions after reading the consent form.
Van Manen’s Thematic Analysis

According to Van Manen (1997, pp9-13), hermeneutic or interpretive phenomenology is steered by the following philosophical ideas, identified by **six steps** which form the structure of this phenomenological inquiry. There are six research activities that are fundamental to the interpretive research project.

1. Turning to the nature of the lived experience
2. Investigating experience as we live it
3. Reflecting on essential themes
4. The art of writing and rewriting
5. Maintaining a strong and oriented relation
6. Balancing research context by considering parts and whole (Van Manen 1997).
De-Identify Research Data

The participants real names were not used in the collected data. Names and locations have been de-identified. A pseudonym was placed on all documents except for the consent form. The consent form is stored separately from the data collection document and interview tapes. The interviews were numbered and the numbers are linked to the pseudonym. This LINK sheet will be the only document that links the participant to her transcription interview.
<table>
<thead>
<tr>
<th>DEMOGRAPHICS</th>
<th>Mean (+/-standard deviation)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>40.1 ± 8.5</td>
<td></td>
</tr>
<tr>
<td><strong>Level of Education</strong></td>
<td>15.9 ± 1.807</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Days on Hospitalized Bed Rest (99% of the time)</strong></td>
<td>34.1 ± 10.8</td>
<td></td>
</tr>
<tr>
<td><strong>Number of years since the experience of APBR</strong></td>
<td>10.2 ± 12.1</td>
<td>10.9 ± 12.3</td>
</tr>
<tr>
<td><em>Neonatal Intensive Care Unit (NICU)</em> Admit number of days</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gravida/Para Multipara</strong></td>
<td>10</td>
<td>67.5% 33.5%</td>
</tr>
<tr>
<td><strong>Gravida/Para primipara</strong></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Number of children at home &lt; 2 years old</strong></td>
<td>5</td>
<td>33.5%</td>
</tr>
<tr>
<td><strong>Number of children living at home &gt;2 years old</strong></td>
<td>10</td>
<td>67.5%</td>
</tr>
<tr>
<td><strong>&lt; 32 weeks gestation on admit</strong></td>
<td>12</td>
<td>80%</td>
</tr>
<tr>
<td><strong>&gt;32 weeks gestation on admit</strong></td>
<td>3</td>
<td>20%</td>
</tr>
<tr>
<td><strong>&lt; 34 weeks at delivery</strong></td>
<td>7</td>
<td>46.5%</td>
</tr>
<tr>
<td><strong>&gt; 34 weeks at delivery</strong></td>
<td>8</td>
<td>53.5%</td>
</tr>
</tbody>
</table>
Van Manen’s 3 Approaches

- The Detailed Reading Approach
- The Selective or Highlighting Approach
- The Wholistic Reading Approach
RESULTS

Seven Themes 3 Sub Themes
One Overarching Theme: Vulnerable Captivity

1. Altered Relationships subthemes: Relationship Strengthening and Relationship Weakening
2. Stigma
3. Guilt subtheme: Imposed Guilt
4. Debilitating Core Strength
5. Bonding Detachment
6. Abandonment
7. Disruptive Memories

Vulnerable Captivity
My husband was there for me. He visited me every day and he did not have to. I never expected him to after going to work all day. It made our relationship a lot strong and we realized we didn’t have anyone else.  

* Connie 20 d APBR

Several weeks after I got home from the hospital, my mother noticed I was not myself. She told me there was no shame in seeking help for my anxiety. My mom and I are so close.

• My mom and I were close before, but she came to visit me every day. Now we are closer.

* Lenora 29 d APBR

* My husband was not there for me, after 53 days in the hospital, he did not even pick me up from the hospital. He sent his parents to pick me up. Our marriage was never the same and began to break down after my experience with APBR.

* Cecile

* We are getting a divorce, not to say the antepartum bed rest caused this, I knew there were issues before, but this experience magnified the issues. My husband was not there for me and he never will be.

* Doris 30 d APBR

* My mother told me she would not hold my baby, because she did not want to get attached because the baby might die.

* Connie 20 d APBR

* I could not believe my mother came to visit me and then she said she had to go do some volunteer work. What about me? I needed her just being there with me, not running off to strangers.

* Nicole 30 d APBR

* I could not believe my mom would not bring my daughter to see me. She said it was too much trouble for her. That hurt me so badly.

* Rosetta 30 d APBR
Vulnerability Captivity

- **Vulnerable** by being on bed rest and held captive by the perceived thoughts others have of them

- *I hated when people came and gave me sympathy. I just wanted compassion, not sympathy. I hated people feeling sorry for me. It made me think something was wrong with me...* Faith 60 d. APBR

- *People look down on me, it's like I can't have a normal pregnancy, like I am less of a woman* Alice 28 d APBR

- *My sister and my mother had the nerve to tell me that maybe I am not made to have children, and after all it’s not for everyone.* Connie 20 d APBR

- *I felt judged. People told me that I am too stressed out and work too much and maybe now this is a good time to put my feet up and relax. Being held here on bed rest is not relaxing!* Doris 30 d APBR
**Vulnerable Captivity**

Vulnerable due to not living up to their personal expectations and held captive by guilt and shame

*I feel so guilty. I caused this.* Barbara 40 d APBR

*It’s my fault, I led too busy of a life and just didn’t slow down. Who knows, I’m not sure, maybe I did do something to cause this. Did I? Did I cause this?* Doris...30 d APBR

*My husband told me if anything happens to the baby, it’s on me. (Imposed guilt)* Olivia 28 d APBR
| Vulnerable Captivity | * I could not even walk to my mail box. Debbie 35 d APBR |
| Vulnerable due to debilitated physical strength. | * I needed a wheel chair and used it for 5 months. Debbie 35 d APBR |
| Held captive by physical limitations | *I became out of breath, just walking across the room. Alice 28 d APBR |
|  | *My arms were so weak, for the first 2 months I laid on the couch 80% of the time, because I could not hold my baby... Rosetta 30 d APBR |
|  | *I could not hold my baby |
|  | *Others had to bring me my baby. I was afraid I would drop him.... Barbara 40 d APBR |
Vulnerable/ Captivity

- Vulnerable due to the maternal instinct and disruption in bonding
- Held captive by thoughts that they know are not true

* After I was home, I nursed my baby, but always felt after I was done that I had to give the baby back to her mother. I know I am the mother but still I keep feeling like I had to return her. Even when I was home, I never felt like she was my baby and I had to give her back... Connie 20 d APBR

* I felt like I was not a good mother. I never wanted to hurt my baby, but I wanted to give her away to someone who could take better care of her.... Alice 28 d APBR

* This sounds awful, but I missed out on that time of being pregnant, when the baby was just mine, inside me. Yes, I was on bed rest, but it never felt like it was him and I... Doris 30 d APBR
Vulnerable Captivity
Vulnerable to new friendships, held captive by realization that the friendships may not develop beyond a professional nurse client relationship

* I missed the nurses when I went home. I wished they would call me. I wanted to know what they were doing. Nicole 30 d APBR

* I think about the nurses all the time. I want to tell them something, but then I remembered they are gone forever... Faith 60 d APBR

* Every time I go by a hospital I think about the nurses in there and I longed to go visit nurses.....
**Vulnerable Captivity**

**Vulnerable to painful memories and held captive to unpredicted triggers**

<table>
<thead>
<tr>
<th>Vulnerable to painful memories and held captive to unpredicted triggers</th>
<th>One day I was shopping at Target, and I went into the rest room. A woman came in and used the hand sanitizer and it made a shrilling sound. I immediately recognized it as the sound of the hand sanitizer used each time before and after a nurse would enter my room. That sound! Hearing that sound took me back to that room and that place. I was immediately filled with anxiety, cried, had to leave and could not shake the feeling for two days...Debbie 35 d APBR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I was afraid to go to sleep at night because I didn’t want to wake up in that room again...Lenora 29 d APBR</td>
</tr>
<tr>
<td></td>
<td>I was always crying and had a lot of negative thoughts. I wondered why I had this baby who destroyed so much of my life, so I went to talk to a therapist and she said I had PTSD directly related to the captivity of APBR. Olivia 28 d APBR</td>
</tr>
<tr>
<td></td>
<td>Everyday multiple times I was having intrusive thoughts and this kind of went on over the next two years. Valerie 48 d APBR</td>
</tr>
<tr>
<td></td>
<td>Something kept telling me I was not a good mother...</td>
</tr>
</tbody>
</table>

(Theme # 7) DISRUPTIVE MEMORIES
The framework for quality criteria is that of Lincoln and Guba (1981). Five criteria to evaluate trustworthiness were used:

- Credibility
- Dependability
- Confirmability
- Transferability
- Authenticity
Credibility is established by peer debriefing, member checking, and researcher credibility. Peer debriefing was utilized with 2 others RN one, experienced in taking care of patients on APBR- another, in Van Manen Analysis Prolonged engagement with the participants and consistent observation will be used until the meaning of the lived experience of APBR begins to repeat itself among participants.
Dependability and confirmability is established by two or more people evaluating data accuracy, and relevance to the research.

Confirmability assures the phenomenon is accurate and not clouded by bias.

Transferability will be enhanced by thick description, where the researcher gives detailed descriptions of the research process and findings, including any data from journals that document the researchers thoughts and perceptions (Lincoln & Guba, 1985)

After the completion of the study authenticity was established. The research confirms to be authentic and parallel with the transcription results.
**Strengths:**
- Done after the women had a chance to reflect and give meaning to the experience
- Average of 30.1 days hospitalized
- Discovered the phrase *Vulnerable Captivity*, which is a phrase that is not used in the literature anywhere. Newly discovered

**Limitations:**
- Small samples used in Qualitative Research may not be generalizable
- Some cultures were not represented in this study 70% Caucasian
- Varies among women who are primipara/multipara
- Varies if they have support at home/married/unmarried 14/15 married
- Wanted pregnancy/unplanned pregnancy
- Education level- average level 14.2 years
This research informs the scholarly community by introducing awareness of this period of time that a mother may still be struggling after having been hospitalized with APBR. “suffering in silence”

Nursing interventions may be designed and expanded to include this period of time.
The findings from this study will provide a baseline for future research with this population.

The future possibilities for research include but are not limited to research that is specific to ethnicity, culture, gravida, parity, educational background, social status, marital status, etc.
State of California, AB 2193, AB 3032, and AB1893

**AB 2193** Maternal Mental Health Screening and Support requires obstetric providers to confirm that screen of maternal depression has occurred or to screen women at least once during pregnancy or the postpartum period. Using the statement at least once, nurses can advocate for patients who have been on long term APBR and support interventions that continue the screening an support well into the postpartum period, beyond post-partum.

**AB 3032** Hospital Maternal Mental health requires hospitals to provide maternal mental health training to clinical staff who work with pregnant and postpartum women, and to educate women and families about the signs and symptoms of maternal mental health disorders as well as any local treatment options, (January 1, 2020).

**AB 1893** Maternal Mental Health Federal Funding was signed by the governor on July 20, 2018 and required the state Department of Public Health to apply for federal funding provided through the Bringing Postpartum Depression Out of the Shadows Act.
The findings will be presented in National and International conferences and published as the PI’s dissertation research as well as future plans to publish these same findings in an academic research journal.
Thank you so much for doing this....I never cry but I have cried so much with you today....

I never knew how much this meant to me and how much I was holding it

This is so healing

Nobody ever ask me how I felt -Thank you for asking

You validate that I am really going through something
THE END