



The Early Postpartum Experience of Previously Infertile Mothers: An Emerging Area of Research

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Disclosures / Objectives

- Research partially supported by STTI Theta Epsilon Chapter and Philippine Nurses Association of America
- No conflict of interest
- Objectives – At the end of this presentation, the audience will be able to:
 - a. Describe the lived experience of first-time, previously infertile mothers in the Central Florida area of the United States of America.
 - b. Discuss the practice, research, and policy implications related to the study findings.

Research Question

What is the lived experience of previously infertile mothers in the early postpartum period?

Significance

- 5.6 to 27.3% of the 7 million infertile women in the US eventually give birth and become mothers
- Positive transition to new motherhood is key to well-being of mother, infant, and family

Background / Rationale

- Little is known about transition to motherhood after fertility treatment
- Likely high risk because:
 - Transition to motherhood carries some risk under any circumstance
 - Greater incidence of depression during fertility treatment and prior history of depression increases risk for postpartum depression
 - Clinical data suggest PIM may have unrealistic expectations about motherhood and do not feel justified to voice their distress

Design and Sample

- Design: descriptive phenomenology
- Sample: 12 adult previously infertile, first-time mothers
- Inclusion criteria:
 - ≥ 18 years old
 - first-born child conceived from fertility treatment less than 3 years old
 - English ability
 - Reside in Central Florida area

Recruitment

- OB/GYN practices
- Pediatric practices
- Fertility practices
- Professional organizations
- Social networking site
- Participant referrals

Data Collection

- Demographic form
- Interview guide
 - Main question: “What is it like being a new mother after infertility?”
 - Prompts were used to elicit elaboration
- Taped, semi-structured interviews conducted twice
- Interviews conducted face-to-face

Data Analysis

- Principal analysis using Colaizzi's method
 - Reviewed each transcript
 - Extracted significant statements and formulated meanings
 - Organized meanings into theme clusters
 - Compiled detailed, analytic descriptions of themes
 - Identified fundamental structure of experience of new motherhood for PIM
 - Obtained validation of structure by returning findings to participants
- Additional validation: PhD in Nursing student & 2 new participants who reviewed findings & provided feedback

Demographic characteristics (n=12)

White	100%
Married	100%
Age range	27 to 43 years
Education	<u>N</u>
- Bachelor's, Master's, or Doctoral Degree	10
- Some college or technical school	2
Length of time from treatment to pregnancy	<u>N</u>
- < 6 months	1
- 6 months to 1 year	1
- 1 year to 4 years	8
- > 4 years	2

Themes

- Lingering Identity as Infertile
- Gratitude for the Gift of Motherhood

Lingering Identity as Infertile

- Anxiety over Pregnancy
- Perceiving Motherhood as Surreal
- Feeling Unprepared for the Role of Mother

Anxiety over Pregnancy

- “You just can’t believe it’s happening to you so something’s gonna go wrong. You’re just so terrified. I didn’t allow myself to get attached, to think too far ahead.”
- “Through the whole pregnancy I was so worried about her. I had a monitor for her heartbeat that my friend let me borrow. Every day. Three times a day. I was insane. Just constant fear.”



Perceiving Motherhood as Surreal

- “Are the babies really here? It’s not a dream? Did they come through birth ok? Do I really have babies and not still going through (fertility treatment)?”
- “The first thought I had when they put him in my arms was, ‘This is my baby?’ I couldn’t believe that he was mine, that he had been growing inside of me.”

Feeling Unprepared for the Role of Mother

- “During infertility you go through so much, you research everything, how to get pregnant. But you don’t research what to do when you actually have the baby.”
- “I really had no idea that those first three months would be that excruciating. I thought I’d be tired with a smile. I thought tired would be just at night time.”

Gratitude for the Gift of Motherhood

- Needing to be the Perfect Mother
- Feeling Censored

Needing to be the Perfect Mother

- “I was really careful with her. Almost as if she were a porcelain doll. Just tried to do everything by the book. Just wanted to do everything right.”
- “I am breastfeeding this child. I don’t care what I have to do. I’m gonna make it happen. I drank the teas, I did the classes, I did the support groups, I had the lactation consultant, I took the special herbs, and I breastfed every hour to build my supply. It made me crazy.”

Feeling Censored

- “Because of everything I went through to get him that psychologically I make myself feel like I can’t complain about it. Because I could be in a different place. I could be alone.”
- “I would have thoughts of harming him. I was afraid to give him baths. I was afraid to handle knives... and I kept it all to myself.”



Implications: Practice

- Transition program by fertility specialists to prepare newly pregnant previously infertile women to face realities of motherhood
- Mentorship program with trained peers to normalize conflicted feelings about motherhood
- Healthcare providers need to screen PIM for PPD and adjustment difficulties because PIMs are likely to censor complaints
- Referrals as needed to mental health professionals and support groups

Implications: Policy

- Policymakers and stakeholders to establish and fund programs for routine PPD screenings for PIM and provide targeted mental health services

Recommendations for Future Research

- Compare experiences of PIM in transition program and those who are not
- Compare PIM's experiences of new motherhood after infertility: biological vs adoptive child
- Investigate true prevalence of PPD in PIM
- Develop interventions to help PIM cope with breastfeeding difficulties
- Explore experience of first-time fathers of infants delivered after infertility

THANK YOU!