

Ensuring Holistic Health Promotion for Better Post-Partum Period Using “The Perinatal Maternal Health Promotion Model”



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Abstract

A mother goes through several changes during the post-partum period. Looking around various clinical setups provided us with the observations that reflect a lack of understanding on the holistic care concepts for mothers in order to bring a healthy experience of postpartum. We observed the practices for particular time being and looked into literature for a relevant solution in form of a model that ensures all core concepts of care with a holistic system during post-partum. Our activities revolved around the perinatal health promotion model involving mothers, health care providers, fathers and other care givers.

Postpartum period is an essential time in a woman's life after delivery. Nurses and Midwives have an essential role in promoting healthy practices among women for a successful post-partum. But the practice is not usually observed as it is expected. Most of the time quick and relevant physical assessments and interventions are practiced to complete documentations as a role of Nurse and Midwife. Over all holistic health promoting interventions are neither practiced nor advised in our context. The paper reflects the need of holistic health promotion during post-partum in lieu of witnessed mothers in a private secondary healthcare setup in an urban city of Pakistan.

A basic literature search was done to find out any model, theory, frame work or any other relevant details to create the basis for the holistic interventions upon that model. Also, it was aimed to share with the health care workers taking care of mother's in the healthcare setup so they can integrate those essential things into their care and practice [1].

For this purpose Fahey & Shenassa's proposed Perinatal Maternal Health Promotion Model (Figure 1) was utilized. The model revealed systemic these and lists relevant strategies for mothers. From those contextual and applicable strategies were picked and shared with mothers and their care givers. These strategies could be practiced to ensure a better post-partum period for women through a holistic approach.



Figure 1

As it is a growing need to develop a systemic pattern for enhancing the experience of women in the days after delivery so it was highly recommended to build capacity among health care providers to observe, intervene and evaluate the outcome related to proposed strategies to improve health promotion practices in post-partum. Also, care givers include women who can take care of new mothers at home, were taken into account and involved during teaching sessions.

Observations at the Clinical Setting

1. Pain scores were documented without evaluation or re-evaluating.
2. Hygiene care teaching were neither discussed nor given as any reading document.
3. Physical recovery was the only focus with minimal care; psycho-social domains were never touched.
4. Care of baby, family, mother's role, maintaining of social roles after going home, care givers' teaching and involvement of fathers were not all observed.
5. Health care providers were with a minimal educational diploma, to take care of mothers and caregivers who will

later take care at home were not involved. Mothers were not involved in planning of how to develop care plans at home after discharge.

6. Strategic and systemic plan was lacking for mother's care.

Finding Fahey & Shenassa's proposed Perinatal Maternal Health Promotion Model provided us the strategies (Table 1a-1c) to develop better understanding of care providers at hospital and home. The write up reflects those common and contextual strategies that relates the mothers 'which were admitted in our clinical setup. The successful teaching and implementation provided us sense to suggest other clinical setups, maternity homes, and hospital setting to utilize this model to improve their clients' post-partum period.

Table 1a:

S.no	Concepts	Planning of Care
Major requirements in healthy postpartum		
1	Physical aspects	Working on core physical health issues like self-care, hygiene, pain management, improving issues of sleep and fatigue, exercise and managing physical regimen. Resuming physical role of work and home.
2	Pyscho-social	Working on attaining the role as a mother, improving intimate relations that had gap during pregnancy, attachment to baby and working on body and self-image.
3	Caring for family and baby	Larning to breastfeed and early feeding, taking care of health of baby, vaccinations, identifying issues with health, house maintenance, working on needs and health of other children and looking after chores and logistics for home.

Table 1b:

Individual Skills To Enhance Health		
1	Social support	Planning and identifying support for both emotional and instrumental challenges.
2	Self-efficacy	Developing self to enhance skills and maintain the role of parenting. Developing own capacity to meet the challenges and needs.
3	Positive coping	Preventing from negativity to overcome while experiencing the role. Identifying systems to maintain positive coping and ensuring healthy experience.
4	Realistic expectations	Working on expectations practically and understanding that these experiences are normal and universal. Excellence and healthy approach for own experience in mother's hand.

Table 1c:

External Resources		
Additional resources required for better post-partum experience. Contextually it refers to post-natal care, access to health services, health insurances, health care providers' visit to home, access to information and resources required essentially for the period.		

Individual Dealing and Teachings

Talking to mothers

Mothers were involved directly in terms of know how significant the post-partum period is and how to maintain it in order to get a better experience. Mothers were involved in planning of care that was done at hospital and continued at home. Teaching

on breastfeeding, baby bath, mother and baby's nutrition, handling of baby, vaccinations, exercise, stress management and role mother was provided by the team.

Talking to fathers

Social involvement for women is necessary in postpartum and maintaining the grip on role as mother is essential and completed

only spouse's support is assured. Fathers were dealt in terms of learning their new role as a father and taught how to care for baby and support the mother. Luckily, a teaching on baby bath and significance of breastfeeding was attended by fathers too along with their primary teaching on role and social support.

Talking to care givers

A systemic plan was shared through this model and requirements of healthy post-partum were assured through training and observing health care providers at the clinical setup. Care givers for home (mother, sister, mother in laws etc.) were identified and were involved in all the learning and practice process.

Conclusion

In conclusion, the proposed model is a good suggestion to be shared and implemented in various private and public health care setups so that better results of a health post-partum should be achieved and ensured.

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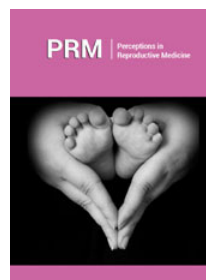
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