

A reflection on psychosocial assessment and support as a component of holistic antenatal care

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BACKGROUND AND INTRODUCTION

- Antenatal care strongly rooted in the Medical model (Oakley, 1984)
- Routine ANC started 82 years ago aimed at
- ↓ maternal and peri-natal morbidity and mortality (Clinical guideline, 2003)
- Traditionally a prescribed set of acts
- An intervention that only benefit women who do not know what to expect

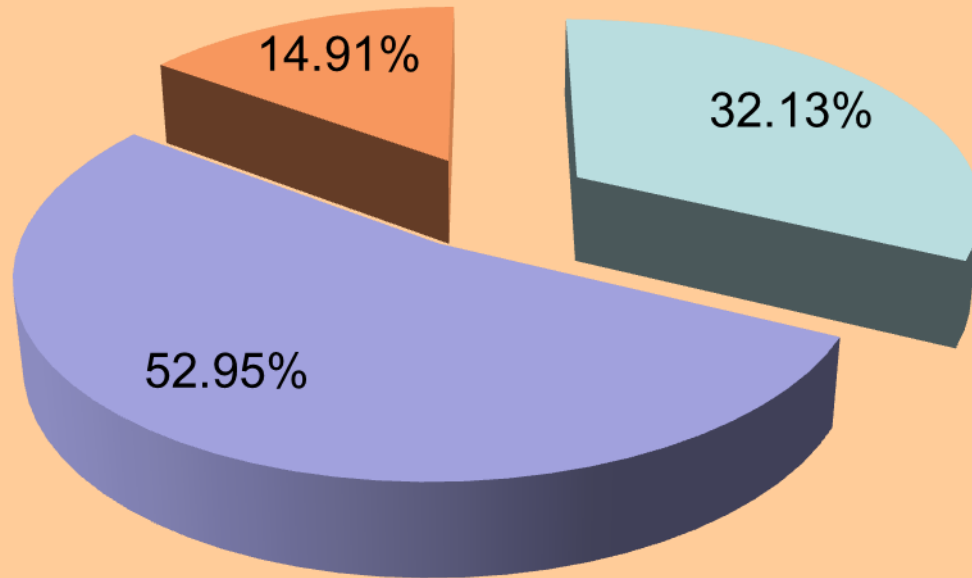
STRESSFUL SITUATIONS (WOMEN SURVEY)

- Experienced one 184 (61.3%)
- Experienced two 72 (24%)
- Three or more 44 (14%)

Focus group discussions:

- Confirmed existence of psychosocial risks
- The importance of psychosocial care
- The need for guidelines/tool (midwives)

MIDWIVE'S PERCEPTIONS

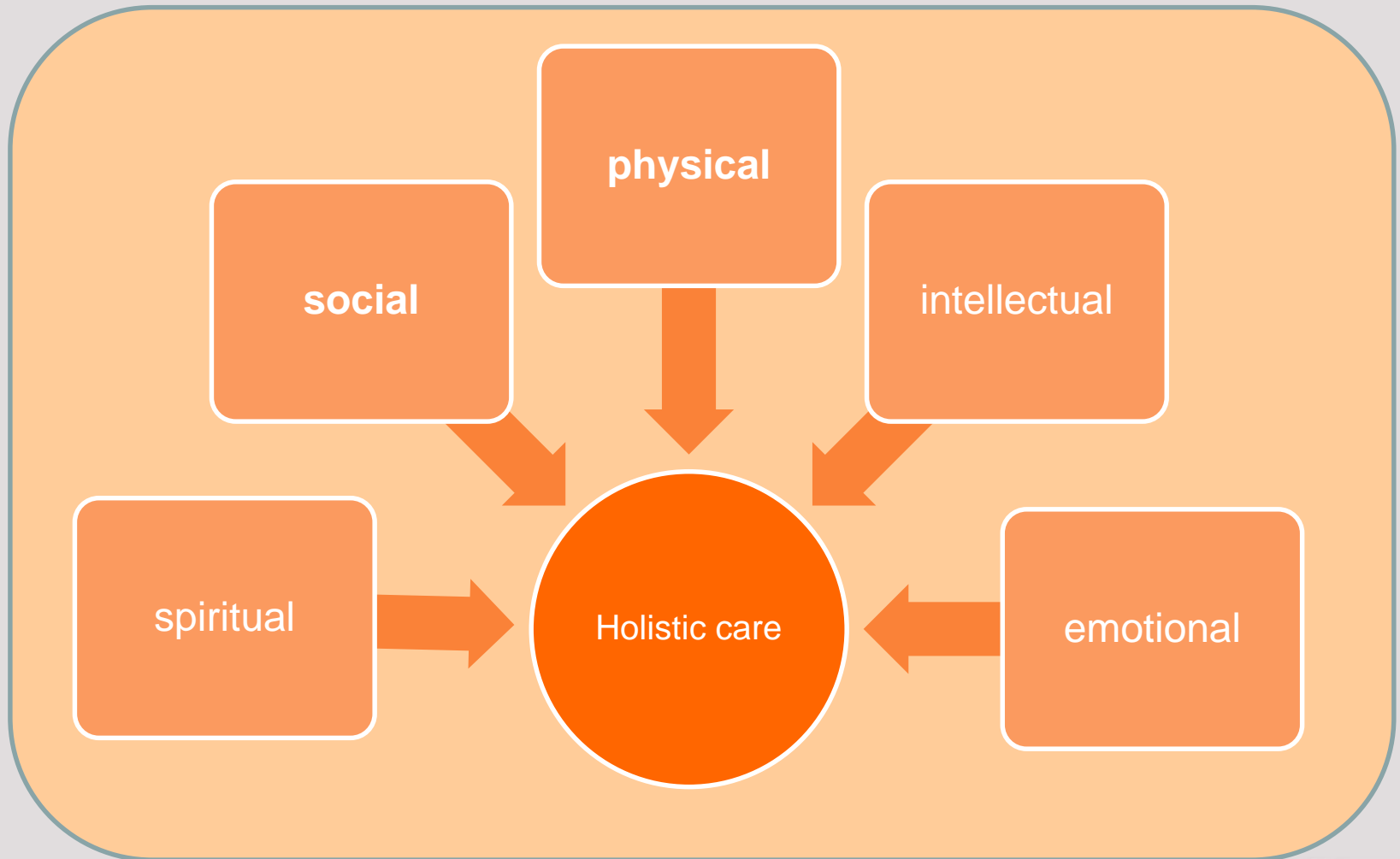


■ Adequate ■ Moderate ■ Not at all

THEMATIC ANALYSIS REGARDING USE OF TOOL

Theme	A=Agree	SA= Strongly agree	D=Disagree	SD= Strongly disagree
Understanding the tool	8	1	1	0
Ability to Implement	8	2	0	0
Support use of the tool	8	2	0	0
More psychosocial risks identified	7	3	0	0
Referrals increased	8	0	1	1
Improved wellbeing	8	2	0	0
Enhanced communication	7	3	0	0
Women's responses	10	0	0	0
Barriers	7	1	2	0
Routine antenatal care	7	2	1	0

HOLISM IN ANTENATAL CARE



ARE NURSING THEORIES HOLISTIC?

- Seems a paradoxical claim (Hancock, 2000 & Jones, 2008)
- A theoretical etiquette
- Virginia Henderson, Florence Nightingale & Abraham Maslow
- American Holistic Nurses Association (AHNA, 2001)
- ? Integration of theory and practice

APPROACHES TO ENHANCE HOLISTIC ANC

- The Schindler-Rising model “centering pregnancy” (Wedin et al, 2010)
- Group antenatal care (Danish, 1999 & Swiss, 2000)
- Hawaiian-style “Talkstory”
- Skill competency in communication (Bick, 2010)

CENTERING PREGNANCY

- An innovative model for prenatal care
- Advocates for woman-centered care
- Integrates antenatal care, health information and group support
- Woman viewed as an expert regarding her needs
- Woman participates in her routine antenatal care assessment

GROUP ANTENATAL CARE

- Originated in Minnesota (1970)
- Visits carried in groups of 6 to 8 (networking)
- Merged in traditional antenatal care extending to PNC
- Woman able to validate and sort information
- Allows midwife to devote more time for psychosocial care

HAWAIIAN-STYLE TALKSTORY

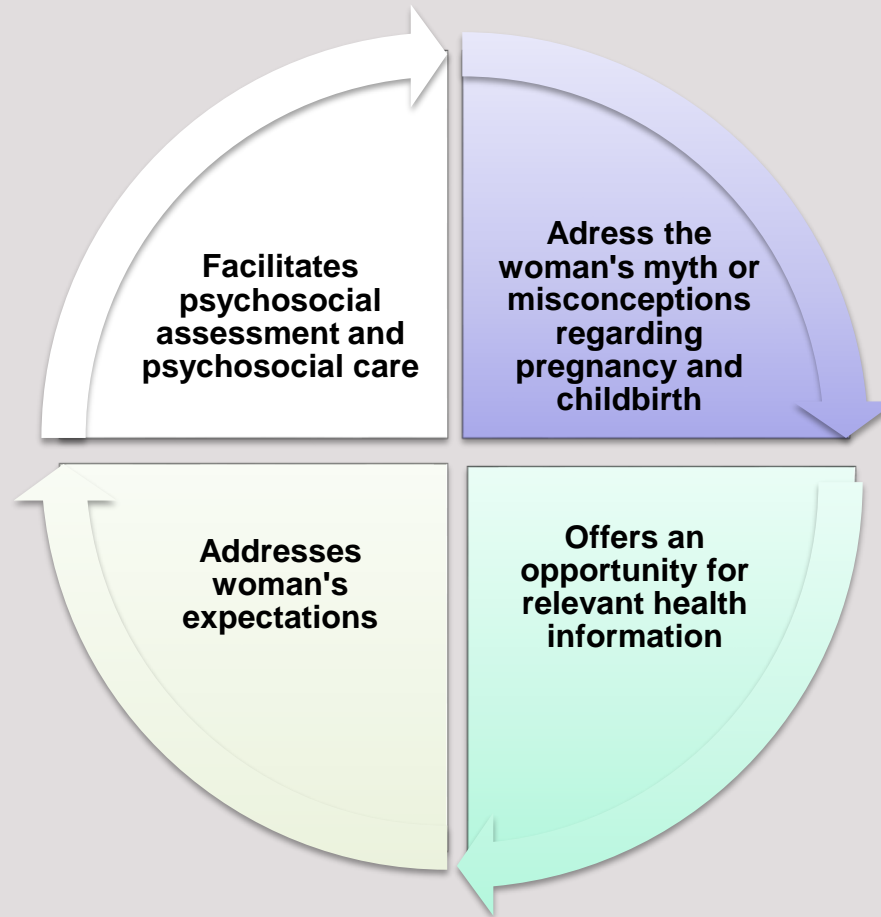
- Women dissatisfied and frustrated by the standard antenatal care
- Malama Na Wahine Hapai Project initiated
- A culturally based interactive communication
- Integrated into antenatal and postnatal assessment
- Involves a reciprocal exchange of thoughts, feelings about self and ideas

THE “TALKSTORY PROCESS”

“talkstory process”

The “talkstory” process involves a pregnant woman taking the lead in sharing her experiences and expectations with a midwife in her care, as a form of assessment. The woman is given an opportunity to articulate what she feels is important for her pregnancy and if there are problems. Her suggestions as to how to overcome the problems are sought. The interpretation of data obtained during the discussion is determined between the woman and the midwife.

TALKSTORY OUTCOMES



CONCLUSION

“The use of the concept “holistic” in the unit philosophy pinned to the office notice board, or the ward day lounge, might currently still be a speech, an act or a promise, but not all promises are kept. This includes the promise made to students who are taught the principles of holistic care in the classroom, only to find that the world of practice continues to impose a task oriented approach in nursing” (Henderson, 2002)