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A STUDY OF THE CRISIS NATURE OF THE PREPARENTHOOD PERIOD
AND IMPLICATIONS FOR PREVENTATIVE SOCIAL WORK PRACTICE

by

JULIE JEAN COLTON

A research project submitted in partial fulfillment of the
requirements for the degree of

MASTER
OF
SOCIAL WORK

Portland State University

1980

I approve the research project of Julie Jean Colton
presented July 25, 1980.

Nancy Kogoloff, Assistant Professor

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CHAPTER I

INTRODUCTION

This study addresses the preparenthood period of family life, that period from conception to six weeks after the infant is born. This period was of great interest because in nine years of social work practice I have recognized that families resist change after their particular family system process, even destructive process, is established. I also believe that the order, or disorder, of society depends upon the order of the institution of the family. Other institutions of society depend upon the family for their existence.

This investigation was undertaken to explore the following questions. Are most couples in our society adequately informed regarding the events of pregnancy, childbirth and early parenthood? Are most couples prepared to meet the demands of and understand the personal and interpersonal changes imposed by these events? I suspected that preparation would reduce the occurrence of problems such as maternal anxiety, paternal anxiety, obstetric complications and poor marital relations.

I explored the preparenthood period through reviewing the literature, and through my own experience as a midwife, childbirth educator and marital and family counselor. Most authorities agree that preparenthood is a major transitional

crisis period of life for each individual's self-esteem, for the marital couple's relationship and for family life.

I believe that preventative social work intervention which focuses on education, constructive marital communication and family process would benefit couples by reducing anxiety and, thereby, obstetric complications, and by improving marital and family relations. The introduction of this preventative approach during the preparenthood period is further beneficial since couples are more open to suggestions during this time before they establish their family patterns and as their marital commitment is becoming a lasting bond.

Part of this study includes the design of a model Preparenthood Consultation Program which incorporates the suggestions and recommendations of researchers who have studied the effects of this period on the individual members, the marital couple and the family unit. This model program is based on the premise that the earlier constructive and caring contact is made on a personal basis, the more receptive the receivers and the more effective the contact will be in assisting families to learn how to constructively cope with change.

CHAPTER II

REVIEW OF THE LITERATURE

Birth, especially that of the first child, is one of the many crucial events in modern society. It is fraught with uncertainty and luck is frequently thought to play a part in the outcome. (53)

Widespread Phenomenon Of Maternal Anxiety

The crisis character and critical nature of pregnancy and childbirth in a female's life have long been recognized in the psychiatric literature. White (67), in 1957, writes about maternal mental illnesses associated with child-bearing. Chertok (11), in 1959, speaks of pregnancy as a progressively developing crisis with labour and delivery as its peak. Shainess describes this period as "a crucible tempering the self and resulting in its expansion", if all goes well, or "leaving the self damaged" if all does not go well during the course of pregnancy, labour, delivery and early motherhood.

Referring to this "crisis period", Stichler, Bowden and Reimer (61) write:

Changes---physiological, emotional, and social---occur so rapidly that one can barely grasp their meaning or begin to cope. Because the related experiences, behaviors, and required coping mechanisms are unfamiliar, interpretation of them may be inaccurate or invalid. Confusion, insecurity, fear and uneasiness may result.

Haire (30) writes about the cultural warping of the childbirth experience in this country. Adamsons (1) identifies this cultural warping when he states:

In the U.S., unlike Great Britain and other countries in Europe, the news media often project pregnancy as an event with many hazards that are overcome only through careful supervision by highly skilled professionals. In other cultures, pregnancy is treated in a more matter-of-fact way.

Margaret Mead, in much of her literature, agrees that other cultures treat the events of pregnancy, labour, delivery, and parenthood more naturally, as fundamental and indispensable aspects of life that are in no way to be feared.

Because of this emphasis on obstetric hazards or pathology, much money is spent in the U.S. on increasing technological specialization and equipment for the natural event of childbirth. Governor Brown recently said in an interview for East West Journal, February 1980:

We spend an enormous amount of money toward specializations, and the paradox is that with the highly complicated health care intervention spending in San Francisco, just a few miles away in East Oakland we have one of the highest infant mortality rates in the United States.

The facts are that despite the enormous amount of money spent in this country on specialized equipment for use in childbirth-related procedures, the United States continues to have one of the highest infant mortality rates among developed countries in the world (3). Whereas cultures which have no specialized procedures for what they consider a natural process, have low incidence of infant mortality (3).

Many authors feel that much of the anxiety in relation to pregnancy felt by women in our culture is a trained and socially reinforced response---a response learned as the

result of prevailing ignorance of the events of pregnancy, labour, delivery and parenthood (1,9,44,61). Regardless of their theoretical framework, most who have studied pregnancy in the U.S. agree that women experience an increase in anxiety and tension during this time.

Yamamoto and Kinney (70), in 1976, wrote about stress and the ability to cope with anxiety as being particularly important in influencing the health of the pregnant woman and the child she bears. Ferreira (26), 1969; Joffe (35), 1969; Richardson and Guttmacher (52), 1967, offer excellent literature reviews of studies that have been concerned with the problems of maternal stress and anxiety during pregnancy.

Obstetric Complications Caused By Maternal Anxiety

An accumulating body of evidence demonstrates that maternal anxiety is associated with complications in pregnancy and childbirth, and that various kinds of maternal emotional reactions can influence the fetal environment, the fetus, and its subsequent behavior. Several investigators have hypothesized that anxiety, or the lack of it, is the key factor in pregnancy and have confirmed their hypotheses by means of hospital records, case histories, questionnaires, interviews, clinical observations, projective techniques, and standardized tests (1,4,9,11,13,16,17, 18,19,23,39,64,72). The most widely used scale in studies of this kind has been the Manifest Anxiety Scale (TMAS).

High scores on the TMAS have been correlated with

abnormal deliveries; long total labour time; low mean birth weights; obstetric complications; large amounts of analgesia required during childbirth; marital conflict and irritability with husband and children; greater dissatisfaction with the motherhood role in terms of hostility, control, and rejection of homemaking; more negative child-rearing attitudes; and more rejection of pregnancy and fear of harming the baby (16,17,18). One specific study found that children of highly anxious mothers had statistically significant lower development quotients in both mental and motor areas (19).

Another study found that high levels of stress, or anxiety, caused sympathetic nervous system hyperactivity, fetal asphyxia, congenital anomalies, stillbirths, neonatal deaths, premature infants with hyaline membrane disease and low birth weight as well as maternal obstetrics complications. Increased maternal blood pressure, decreased uterine blood flow, reduced heart rate and abruptio placenta were also reported as being caused by maternal anxiety (4).

Erickson (23) found significant differences between multigravidas (women carrying a child subsequent to their first child) with and without childbirth complications on five of the nine scales of the Pregnancy Research Questionnaire. Multigravidas with complications had higher mean scores on Fear for Self, Fears for Baby, Irritability and Tension, Depression and Withdrawal, and Lack of Health

During Pregnancy.

Davids, DeVault and Talmadge (16) observed that women with childbirth complications obtained significantly higher manifest anxiety scores during pregnancy than women who later had normal births. Zuckerman, Nurnberger, Gardiner, Van deveer, Barrett, and Den Breeijen (72) reported that "anxiety during pregnancy was significantly correlated with amount of analgesia used during labor".

The Effectiveness Of Prenatal Education In Reducing Maternal Anxiety

The hypothesis that increased anxiety increases pain perception during labour was first advanced in Europe and subsequently led to efforts to reduce the anxiety which were, of course, preparation for childbirth. Preparing couples for childbirth in Europe at that time consisted of education as well as training in a variety of techniques such as breathing, posture and relaxation to be used during labour. These techniques are still taught today.

The purpose of the education is to reduce the overall level of fear regarding childbirth by providing accurate knowledge of the process. The purpose of the specific techniques is to give the woman a method of coping with the labor contractions, thereby, reducing anxiety, which results in less pain. (11)

Ascher (4) recommends, more programs of prepared childbirth education and parent education which will reach all segments of the population since, in her opinion, this type of consultation greatly reduces anxiety levels during pregnancy.

Women in our culture seek to obtain valid information

regarding pregnancy, childbirth and parenting. Typically, obstetricians continue to emphasize the physiological evaluation of the pregnant woman. They give little, if any, attention to the developmental and emotional aspects of prenatal events, the behaviors of pregnancy or how the couple is interpreting and coping with the experience despite the evidence that pregnancy can produce a great deal of stress and obstetric complications.

Effectiveness Of Prenatal Education In Reducing Obstetric Complications

Halstead and Fredrickson found that mothers from lower echelons of society, who traditionally have a higher incidence of obstetric problems, may significantly alter the risk factors involved in pregnancy by participating in a structured prenatal education program. "The prenatal education was a greater than expected influence in reducing the risk factor" state Halstead and Fredrickson (31).

At the present time the only large scale program which attempts to reduce maternal anxiety in this country is the natural childbirth program which is now available in most of the major cities in the United States. In contrast to traditional obstetrics which focuses on physiological evaluation of pregnant women, these programs focus on an explanation of the physiology of pregnancy, labour and birth; education and preparation for actively assisting their child's birth; and some discussion of the father's plight and role in the prenatal period, the birth experience and the early postpartum period.

Buxton (11), Chertok (14) and Tanzer (64) present good reviews of the theory, history and development of the natural childbirth programs available.

The courses were offered to couples who would attend the classes together along with other couples. They learned about labour and delivery, medication and anesthesia, anatomy and physiology, concentration and relaxation, breathing awareness, muscular exercises, hygiene, fetal development, postpartum maternal care, and care of the newborn infant. (6)

The Bradley childbirth education course stresses the importance of childbirth preparation stating, "Knowledge builds a woman's confidence in her ability to work with her body to give birth safely and naturally." (9) Willmuth, Weaver and Borenstein state, "The role of the mother as an active participant in labor and delivery---no matter what the physicians practices may be---is generally appreciated as important to a good outcome." (69)

Klusman, in his article "Reduction of Pain in Childbirth by Alleviation of Anxiety During Pregnancy", reports his study of 42 primiparas (mothers carrying their first child) in the third trimester of pregnancy.

Measures of fear and anxiety were taken before and after courses in childbirth education and child-care. 28 mothers attended Childbirth Education Association classes; 14 of the mothers took Red Cross prenatal classes. Trial analysis of variance indicated that both instructions significantly reduced two of three pregnancy related anxieties, namely, Fears for Baby and Irritability and Tension. (39)

The Childbirth Education Association course reduced general anxiety levels as measured by the IPAT Anxiety

Scale. Anxiety level was found to exert a significant effect on self-ratings of pain during the transition stage of labour. Pain perception is heightened by high anxiety. It was concluded that childbirth education can reduce fear and anxiety and, thus, also, pain perception. A further conclusion stated was, "Psychological stress and maternal attitudes during pregnancy have been found to effect the outcome of pregnancy, labor, and delivery." (39)

Klusman concluded, in 1975, "fear and anxiety may be alleviated in pregnant women by means of some kind of group instruction on childbirth or childcare" (39) after his tests proved that pregnancy-related fears are effectively reduced by instruction. This researcher explains,

even primarily informational instruction and the concomitant support that the new mothers receive from the instructor and from the other group members can exert a positive influence on women's attitudes toward pregnancy and childbirth. (39)

Buxton (11), Chertok (13) and other researchers have found that pain is reduced by childbirth preparation and that preparation increases self control. A review of the literature found numerous references stating that women who are able to (meaning not drugged) and allowed the opportunity of actively participating in childbirth have more fulfilling birth experiences than those who rely on physicians and drugs. (9,11,13,16,20,31,39,69,72)

Willmuth, Weaver and Borenstein's research discovered, the technological, scientific approach of today's medicine often fosters the patient's sense of powerlessness. Consequently, there seems to be a

growing awareness among health care professionals of the importance of enhancing the patient's sense of control and patient education is considered a necessary part of every diagnostic work up and therapeutic intervention. (69)

Ascher is confident that "dedramatizing pregnancy and birth could result in the elimination of much anxiety"; she continues, "the environment surrounding the delivery process also needs to be dedramatized". (4) She approves of home deliveries for low risk or normal childbearing families (which is 97% of the pregnancies in this country, as 97% are uncomplicated, low risk pregnancies) (3) "as many European nations do". Ascher stresses that "hospitals must consider alternatives to prevent dissatisfaction among patients and the anxiety of the mothers". (4) She strongly recommends, "intervention measures to reduce anxiety, including childbirth education, must be made available". (4) Ascher concludes her recommendation, "To do less is to provide less than optimum care." (4)

The emotional and interpersonal aspects of a marital relationship may be part of a spiral of alterations in behavior affecting the mother, the developing fetus, the birth experience and the mother-father-child triad during the early days and years of development. (33)

Whether the mother's self is enriched or diminished during the preparenthood period is important even beyond the mental well-being of each new mother; for ongoing relationships with her husband and previous children and her developing relationship with her new infant are also affected positively or negatively by her pregnancy and

childbirth experience.

In the first three months of pregnancy terrific emotional and physiological adjustments have to be made by the pregnant woman. She is becoming a different sort of person both in terms of her physical self (she may be very tired, suffering from nausea and bouts of vomiting) and in terms of her feelings about her self and her body. She may not want intercourse and may view it with distaste. In the last three months she can be weary with the weight of her burden, unable to get long periods of sleep because of what feels like the drumming of football boots inside, or because of heartburn, and she is impatient for the birth. (71)

Women during this period also worry about being unattractive or that their husband's will be unfaithful. Everyone in her family is affected by her condition and if no adequate communication is established between her and her partner, her anxiety will be increased because of these unsettling feelings.

Interfamilial Relationships

The pregnancy period is a time of anxiety for both mother and father-to-be, in our culture, as they encounter new demands of both physical and emotional natures. Stichler, Bowden and Reimer consider pregnancy a shared emotional experience after their research found that "fathers respond quite dramatically to their mate's emotional changes and demands, her physiological changes, and her altered body image". (61) These researchers state that fathers experience their own inward changes as well.

Cavenar and Butts refer to emotional illnesses in men related to their wives' pregnancies. Their investigation found evidence of sibling-like rivalry in father's rela-

tionship with his child, unconscious envy of the woman's reproductive capacities and latent homosexual conflicts in men as reasons for negative reactions to their wives' pregnancies. (12) In Freeman's account of 6 patients, he argues that pregnancy in women brings on mental illness in men. Hartman investigated 91 expectant fathers in an American court psychiatric clinic and showed that sexually deviant reactions were more frequent than for a comparable group of non-expectant fathers. Sexual deviation was interpreted as a "regressive, immature adjustment to the anxiety of fatherhood". (12)

Expectant fathers in an American military camp had an extensive list of symptoms including:

depression, accident proneness, overeating, gastrointestinal symptoms, the development of new athletic interests and hobbies (possibly extramarital ones) and a desire by some to be on the move changing camps. (67)

Richman, Goldthorp and Simmons suggest that "Modern man has typically cocooned himself from the crisis of fatherhood and the uncertainties of birth." (53) Authorities write of husbands interpreting their wives' mood changes during pregnancy, as indicative of their (the husband's) inadequacy or of a multitude of traits which threaten his self-image.

Evidence Of Paternal Anxiety

Researchers have found that expectant fathers and newborn fathers experience a change in lifestyle; a loss of identity; loss of power and loss of intimacy. (8,25,36,

40,53,58,67) They must struggle to assume the household tasks previously performed by the wife and often experience financial problems. Fasteau (25) found, in 1974, that men depend on and expect from their wives a full-fledged life support system which is pulled away from them during pre-parenthood. Yet seldom has either partner had much useful preparation for parenthood changes other than the fact that they were both children once.

It becomes evident, in light of the previous findings, that males in our society experience great identity crisis during the events of pregnancy and early parenthood. LeMasters writes, "The American father is poorly prepared for his fathering role." (40) This is understandable since father is usually excluded from the events of pregnancy and, thus, alien to the knowledgeable fathering role in the early postpartum period. Typically, the father is excluded from the entire pregnancy and birth experience.

Billler and Meredith see a crisis confronting fatherhood and define it in the opening chapter of Father Power: "The principle danger to fatherhood today and to the American family for that matter, is that fathers do not have the vital sense of father power they have had in the past." (8) Psychologist Dr. Lee Salk feels that society has largely deprived fathers and their children the rewards of early fatherhood. "Americans tend to think of fathers as being background figures who enter the picture only when the child is older and needs to be punished or launched into some

manly pursuit." (58)

Terry Jones, co-founder of Portland's Prepared Child-birth Association writes: "Pregnancy is a transition crisis and a man is often dealing with something he has little concept of." (36) For example, he explains that when he asks expectant fathers what they envision their babies will look like, most of them describe an eight year old! Jones says, "Pregnant men have been ignored for too long." (36) He feels little is being done regarding psychological adjustment in preparing for the birth of the baby, especially for the male. Jones has found that men sometimes resent the attention their wives receive from friends and relatives and they feel left out. Few obstetricians meet with the father at all during the prenatal period and many do not know to whom to announce the baby's arrival.

Preparenthood Education and Counseling Needed

Stichler, Bowden and Reimer found, with their research, "couples usually receive little or no support during the crisis of coping with prenatal problems and what support they do receive is inadequate". (61) Friendly advice which emphasizes the positive aspects of pregnancy and delivery without due attention to the facts, the inconveniences and forced compromises involved,

give prospective parents very little preparation for dealing with all of the realities of pregnancy and parenthood. It also causes the couple to feel guilty about any negative feelings that they may have regarding the experience. (61)

These authors affirm that mutual support is necessary

based on the fact that at times the pregnant woman has mood changes over which she has little or no control due to the rapidly changing hormone levels. Communication with understanding becomes more difficult because of these unpredictable and often intensely exaggerated mood changes. "The pregnant couple must develop a new style of communicating with each other and of interpreting the other's true message and needs." (61)

Stress In Marital Relations During Preparenthood

"One out of every two marriages today ends in divorce", says Dr. Fran Page, family therapist at Tualatin Valley Mental Health Clinic. "Frequently these divorces occur after the arrival of a new baby in the family", Dr. Page says. "Couples who need help most don't ask for it when in the midst of great family turmoil", says the group educator for Parent Effectiveness Training in Portland.

Hott writes about the phenomenon of the husband "taking leave of the family" during pregnancy, particularly toward the latter months and immediately after the birth.

During this period the father's must accept their wives ever-changing shape and often accept abstinence from sexual intercourse. They must accept more responsibility, also...A facetious restating of the marriage vows might include until birth do us part! (34)

She emphasizes,

pregnancy is a time of great stress for expectant parents; men must be offered opportunities to discuss their problems and feelings; and the importance of observing the couple in their home. (34)

One of the first unique experiences of the pregnant male is a sense of separateness from the woman and what she is experiencing. However, his feelings, thoughts and experiences are largely ignored which result in a deepening of this alienated feeling. At different phases of pregnancy women can enter into periods of relative frigidity. This sometimes carries over to 2 months postpartum and through the breastfeeding period, which is sometimes recommended to last at least 7 months. Men may feel not only separated but inadequate when their usual sexual expression is cut off. Some men become jealous of the coming baby who is getting so much attention and interfering with the couple's normal life together even before it is born.

It is not difficult to imagine the full impact of preparenthood on fathers since they have been banned for years from the delivery room. For too long fathers have been isolated from the experience of their children's births. Men have been alienated and, in actuality, forced out of experiencing one of the most precious moments of family life. It is no wonder that, as Benson states, "The American father is almost invisible, perhaps even at home." (7) In The Naked Nomads (27) the author says that the marriage bond is essential for the male to provide self-esteem and meaning in his life; that the support and protection of the female are the most definitive masculine functions in our society.

Robert Mendelsohn, author of Confessions of a Medical

Heretic and a medical doctor, stated in a recent interview (April 1980, East West Journal):

Doctors have resisted husbands being in the delivery room because unconsciously they don't want that competition from the husband. Otherwise they lose their hold on the mother.

He continues,

I have seen very few expressions which equal that of a woman who has just had a baby and her feet are still up in stirrups and a doctor is sewing up her episiotomy and she turns to him and says, 'Oh, thank you, doctor', or 'Oh, doctor, I love you'.

Mendelsohn's emphasis of this expression is dynamic when one understands that the birth process is accomplished, almost without exception, by the woman, not the doctor, and rarely, if ever, is an episiotomy necessary. (3) Mendelsohn continues,

The expression that a woman at that moment gives her male doctor often rivals or exceeds that which she shows for her own husband. That sets the stage. At the same time, of course, the male doctor by intervening has caused a certain amount of pathology which guarantees that the woman will need some kind of medical care for the rest of her life.

Maternal-Infant Bonding Is Important

The nature of the bond, or close emotional tie, that a mother forms with her baby has become the focus of extensive studies, which have important practical implications for the care that hospitals provide to families during and after childbirth. Ashley Montagu writes:

The moment it is born, the cord is cut, the child is exhibited to its mother, and then it is taken away by a nurse to a babyroom called the nursery, so called presumably because one thing that is not done in it is the nursing of the baby. Here it is weighed, measured, its physical and any other traits recorded, a number is put around its wrist, and it

is then put in a crib to howl away to its heart's discontent. The two people who need each other at this time, more than they will at any other in their lives, are separated from one another, prevented from continuing the development of a symbiotic relationship which is so critically necessary for the further development of both of them. (45)

Margaret Mead felt deeply about the routine interruption of this "ancient tie of early intimacy between a mother and her baby" (44). In her book, Family, Mead emphasizes,

Wherever it has been customary for a mother to suckle her own infant, the child has been assured a continuing relationship with one human being who has satisfied its hunger and given it a sense of safety and trust...The way modern civilization has typically interrupted this ancient tie of early intimacy between a mother and her baby forces too intense a weaning at the moment of the physical birth experience from which an emotion of distance and of alienation results which may dwell in the individuals throughout their lifetime. (44)

Klaus and Kennell found:

the first minutes and hours of life may be especially, perhaps critically, influential for the initiation of the maternal bond, triggering a sequence of nurturing responses that may have long-lasting effects on the mother-child relationship. (37)

Other researchers have recently begun to examine the nature of the bond that a father forms with his baby. (28,33,46,47)

Klaus and Kennell (37) and Richards (51) report, based on their separate research studies of human mothers, that the mother's behavior patterns toward her new infant become set at the time of birth and the days immediately following. Separation leads to the emotional feeling of distance between newborn and mother and father. Because early father-baby interactions may be basic to the development of a strong

father-child relationship later in life, support for the father's role in childbearing and after birth in the hospital is essential. Pollinger, in a study of 60 women, found that "the obstetrically-controlled system of childbirth management is highly inconsistent with the strong values placed on family cohesiveness". (49)

Bonding Father With Mother And Infant

Due to consumer demand, some hospitals now allow fathers to witness the birth of their infants. Richman, Goldthorp and Simmons interviewed 150 fathers, 100 of whom were allowed to be present but not active during the birth of their children and 50 of the fathers were present only during the labour. All agreed that pregnancy caused behavioral changes in their wives and that certain aspects of their relationships were altered. Some men in this study described how their wives were "taken away from them to deliver their babies" (53). These researchers describe common treatment of the attending father in the delivery room saying, "he has to abandon his traditional role as protector and provider and be more like a frozen rabbit" (53). 15% of the fathers studied said that "the main thing they disliked about the birth was their impotence" (53) in not being able to help their wives.

The authors felt these men struggled to make sense of pregnancy and "in trying to make sense of pregnancy, the most convenient and intelligible way is to classify it as an illness" (53). They conclude, "Fathers can be said to be

alienated from the process of reproduction." (53) Recommended, based on their study, was an earnest effort to inform and include the husband and father who wants to attend the birth of his child. 93% of the fathers represented in this study welcomed the opportunity and stated they would want to be present at their next child's birth. Approximately half said they enjoyed,

hearing the baby's first cry and seeing the baby's head appear. Other comments were about the wonder of nature and sentimentality generally attributed to females. A third were pleased to have supported their wives by their presence alone. (53)

The presence of the prepared father during childbirth has been linked with increased feelings of paternal involvement with both mother and baby, and it can have a positive affect on how the mother perceives pain, can decrease her use of medication, and can make the birth experience much more rewarding for her. (42)

Childbirth Education Classes

Prenatal education classes are extremely important in reducing maternal and paternal anxiety levels during pregnancy and childbirth. As well as providing information about pregnancy and childbirth, these classes teach women the concept that they may have some measure of control in helping their children to be born. The classes offer information regarding how women may best assist delivery. Some methods of prenatal education encourage the father's active participation during labour and delivery, supporting the father's role as husband, coach and father. Most methods emphasize good nutrition; the avoidance of drugs throughout preparenthood; relaxation and breathing; immediate and con-

tinuous contact with the new baby; and breastfeeding beginning at birth.

Members of both La Leche League International and International Childbirth Education Association have benefited tremendously from the positive attitudes the groups generate. Along with their many helpful practical hints, these attitudes tend to become imprinted on the mind so that constructive parental reactions are almost automatic after birth. Classes also give expectant parents a very strong feeling of competence in the whole affair, which many believe to be one of the most important ingredients for a successful, happy childbirth experience! Togetherness and group empathy are especially important when a woman---or a man---may be feeling a multitude of fears and doubts about the impending experience, especially if it is a first-time venture. (10)

Fathers Present At Delivery

Bradley views birth as an important part of the couple's love relationship. He emphasizes the intimate nature of labour and birth as an act of love. Being an act of love, Bradley feels that giving birth should be shared with the person the mother loves. His research has found that "A laboring woman gives birth more calmly and confidently, needing less or no medication in labor when she has a loving coach beside her to support her." (9) With the father as coach, optimal bonding is allowed to occur between mother and father, father and child and mother and infant at the time of birth.

Henneborn and Cogan support with their investigation of 49 births the importance of the father's attendance during the labour and birth of his child. 38 of the fathers attended the birth as well as the labour. 11 husbands attended only through the first stage of labour. All

couples had LaMaze or psychoprophylactic method of childbirth education classes and the husbands were encouraged to participate as labour coach throughout labour and delivery.

Those wives whose husbands attended both the labour and birth reported less pain and had significantly lower probability of receiving medication during labour and birth. Husbands and wives who attended labour and birth together reported more positive feelings about the total birth experience. (33)

Henneborn and Cogan concluded, based on their research findings, "The father's attendance at the birth of his child may have long-reaching effects upon the child." (33)

In a study of 111 couples, 92 did not attend classes and 19 were prepared childbirth couples, (9 couples trained according to the Childbirth Education Association's classes, 5 couples educated by the LaMaze method, 4 couples receiving Kitzinger's Psychosexual Method education and 1 couple trained in hypnosis). The format of all of these classes included general aspects of labour and delivery, postpartum care, relaxation exercises and breathing. 46% of the couples took the prepared childbirth classes primarily so that the father or husband could be with the wife during the labour and birth. The second most prevalent reason for taking the prepared childbirth classes was because the couples wanted information concerning the labour and delivery experience. (68) Remarkably similar findings, regarding wanting the father with her during labour and the delivery and wanting more information about labour and delivery, are evidenced in a survey of prepared childbirth

couples in Rhode Island. (66)

Hospitals which now allow the father's presence in the delivery room require that the couple attend preparation classes. Whitley's study (68) points out the fact that prepared childbirth classes are much more informative for couples than the conventional hospital prenatal classes. The conventional classes discuss hospital procedure rather than focusing on patient participation and the actual mechanics of the labour and delivery process. This must be considered in reviewing the literature which sometimes equates the two. In this study only prepared childbirth classes are discussed unless specified otherwise.

ElSherif, McGrath and Smyrski testify to the recent demands of parents to be together during the labour and birth of their children. They describe the father, saying, "His physical presence is now allowed in some labor and delivery units, but essentially he continues to be the forgotten man." (21) They stress to the hospital childbirth team the necessity of including father as an integral part of the laboring couple, "as his presence not only supports the woman in labor but he also may act as a coach encouraging the mother of his child". (21)

All registered nurses themselves, ElSherif, McGrath and Smyrski advise that the father in labour and delivery should be treated as "an assistant assuming his new role as parent rather than treating him as a casual observer" (21). They continue,

His presence at the delivery has the opportunity of facilitating the labor and delivery process, enhancing his self-esteem, improving the couple's relationship, and heightening parent-infant bonding. (21)

Effectiveness Of Childbirth Education

Doering and Entwisle interviewed 269 new mothers to determine effects of preparation for labour and delivery on their perceptions of childbirth and their babies. They found that "the more preparation a woman had, the more aware she was at delivery and that awareness was strongly associated with positive reactions to the birth and the baby" (20). These findings are interpreted in terms of theory on coping with stress.

The sample population consisted of 269 women who were married and living with their husbands. All had given birth to a living, healthy child within the previous nine weeks. The subjects were located in two different ways. Most of the trained subjects were contacted through local childbirth preparation classes, with the cooperation of certified trainers in each area. Precautions were taken, so that the trainers did not refer only probable successes. The interviewer received a list of all women registered in each class long before they delivered. The subjects were chosen randomly from these lists and then contacted after they delivered.

All of the untrained subjects and a few trained ones were located by referral from other subjects. The acquaintance was most frequently a distant one. This provided a

wide variety of doctors and hospitals and, thus, a diversity of childbirth experiences. 116 doctors and 38 different hospitals are represented in Doering and Entwisle's sample. Nine births occurred at home and were planned to be home deliveries. Three home deliveries were unplanned. The interviews were conducted in each new mother's home and lasted one to two hours. The women were told that research was being done on the psychological or emotional aspects of the childbirth experience. All subjects were contacted between 1965 and 1970.

Doering and Entwisle found:

Preparation of even a minimal sort thus appears to enable women to cope more successfully with the childbirth experience and to be more aware at the actual birth. Women who were fully aware have a more positive attitude toward childbirth and postpartum and react more positively toward their babies in their initial encounter. Women who have more positive first reactions toward their newborns, continue to have a closer mother-child relationship in the immediate postpartum period. (20)

Recent research indicates that there is less chance of minimal brain damage and other complications of labour, birth and early life when the normal process of birth is allowed. (4,9,20) Bradley style advocates report that "when the natural process of birth is respected, family ties form more strongly and quickly". (9)

Research findings show the importance of adequate preparation (9,20,21,25,36,40), satisfying relationships (16,17,18,34,36,37,42,44,45,49,51,58,61,67), communication and emotional well-being during the prenatal period (9,10,

21,27,36,53,61); the importance of the mother's readiness for the pregnancy and her level of preparation and knowledge regarding labour, delivery, and mothering (9,20,21, 33,49,61,70). The research supports prepared childbirth and prepared parenthood as being very useful in reducing maternal and paternal anxiety and obstetric complications.

Counseling During Preparenthood

Preparation for childbirth and parenthood would be even more effective if it included marital and family counseling in addition to pregnancy and childbirth education. Ascher stresses the importance of alleviating maternal anxiety during pregnancy saying, "sensitivity to the mother's individual needs is of paramount importance" (4) and suggesting, based on her research, that "information, explanations and reassurance from someone who is both knowledgeable of the subject and interested helps greatly" (4).

Pregnant women and their partners want to turn to someone for assistance with the expression of feelings of insecurity and fear related to pregnancy and early parenthood. Usually they cannot relate with their doctors for, as one registered nurse writes, "women cannot be given adequate time for such sharing at their appointment with the physician" (66) attending them. "Nurses may find it hard to reconcile the best interests of the parents with those of the hospital and the physicians." (66) Watson recommends "an outside consultant" (66) for educating parents.

Watson, after researching the effectiveness of child-birth preparation, (her research focused on the records of 105 couples) states,

In view of the finding of this investigation it is recommended that: An effort be made to reach the majority of expecting parents; and publicity be directed to reach a maximum number of expectant parents early in their pregnancies. (66)

Rubin writes, "Maternity nursing stops too soon" (56) emphasizing the importance of knowledgeable attention in the postpartum period. Stranik and Hogberg state in their article, "Transition into Parenthood" written in 1979,

Few support groups are available for parents in the first month to six weeks postpartum, yet this is the time when adjustment to parenthood is at its peak...the traditional gap between obstetrics and pediatrics staffs leaves families without an active support system between hospital discharge and the first routine baby visit to the pediatrician 5 to 6 weeks later. (62)

Several authors emphasize the need for emotional assistance during this transition period from birth through the sixth week of the infant's life. (2,54,56,61,62,63,66) Rising writes of the importance of identifying and helping to integrate fathers, mothers and infants who find relating with each other in the after birth period difficult. "Even well-integrated families must make extreme adjustments the first two weeks." (54) She stresses that intervention has the opportunity of being impactful during the immediate postpartum period saying,

There is a certain openness about this fourth stage period that may never occur again. All efforts should be made to allow the father, the mother and the infant to share this momentous time together. (54)

Another researcher urges, "Certainly any method which takes into consideration the psychosocial needs of the couple is beneficial." (1)

Dr. Sugarman's work concludes:

1- There is a clear need for more attention to be devoted to good prenatal nutrition and physical care, and to emotional and factual preparation for childbirth and parenting. 2- Highly technological or artificial obstetrical intervention must be reserved in the future for high-risk or complicated pregnancies and births. The trend toward greater and greater management and control of birth and the birthing woman must be reversed to allow the natural birth processes to proceed to their emotionally and physically healthiest conclusion. In this regard, the greater use of family practitioners, midwives, and nurse-practitioners in many areas of the world and here in this country have proven more economical and diminished the overuse of technology and pathology-oriented care by over-qualified specialists. (63)

Arms (3) agrees with this second conclusion as does Haire (30) and Ward (65).

3- More attention to and support for the mother-infant interactional relationship in the immediate postpartum period is clearly indicated. Rooming-in, family-centered care of the mother and infant together, supportive intervention in complicated situations, encouragement and education for breastfeeding can improve the quality of attachment dramatically. 4- For normal mothers and newborns, early discharge from the artificial environment of the maternity hospital, along with improved early follow-up care at home is a way of promoting attachment without abandoning the mother-infant pair for those difficult first weeks of life. 5- In the case of complicated births or ill newborns, where regionalized maternity newborn care will play a large role, more attention must be paid to the affected family's needs for psychosocial support and avoidance of mother-infant separation. 6- Finally---and this may be a highly controversial issue---parents-to-be need to have available to them a spectrum of birth alternatives. Many physicians feel that only hospital birth is safe for mother and infant, and are reluctant to provide

service in other settings, such as out-of-hospital maternity centers or at home. The evidence from selected populations in parts of the United States and in other countries does not support this preference. But, more importantly, the responsibility for the new life lies with the parents, and the setting for birth should be their active decision to make with complete information, preparation, and understanding of the responsibilities they are assuming. (63)

Limitations of Childbirth Education

Childbirth education is considered by many to help in reducing the incidence of maternal fear during labour and birth. These classes, at best, enable father to feel less alienated from the events of childbirth and pregnancy by including him in the group discussions. However, childbirth education programs often do not address themselves to preparing the couple to meet the demands of parenthood. Childbirth education also may not adequately satisfy the emotional needs of either father or mother-to-be; allow for discussion of family or marital problems during pregnancy nor prepare couples for problems commonly associated with early parenthood.

The childbirth education programs usually occur during the last 6 to 8 weeks of pregnancy and are limited by their short duration and brief intervention with each group of couple's. Most programs offer no follow-up during the early postpartum period when the elation of birth is over and the reality of new life begins. Usually childbirth education programs focus on the last months of pregnancy, labour and birth preparation. Interpersonal commu-

nication and coping mechanisms which are gained through the childbirth education programs are individually and indirectly obtained.

Importance Of Emotional Preparation For Childbirth

Authorities now stress the importance of the systems approach to intervention with people at the psychosocial and sociocultural levels. "By failing to attend to the person and sociocultural levels, where disease is shaped into the human experience of illness, contemporary medicine undermines its own effectiveness." (24,38) The neglect of adequate individual attention during the crisis preparent-hood period for some mothers and fathers and their existing families may contribute to various social problems. (15,32, 47,48)

Kopfer's research on animal behavior reports:

If the young are not seen immediately after delivery the mother does not desire to take care of them. She will reject them, even if she is heavy with milk. She has lost the strength of instinctive maternal responses that a properly imprinted animal mother is believed to foster automatically. (10)

Dr. Marshall Klaus' study of human mothers found that the mothers behavior patterns toward her new infant become set at the time of birth and in the days immediately following. This period seems to be extremely important for the future of the individuals and may also be important to the well-being of the family unit.

After conducting prenatal interviews and behavior observation sessions with 46 families in which the woman

was pregnant and again interviewing the families and observing them at 7 days, 1 month, 2 months and 6 months after the child was born, Peterson and Mehl found "The most significant variable predicting the variance of maternal attachment was the length of separation of mother and infant: less separation was associated with greater attachment." (47) In addition, these authors found prenatal attitudes and expectations important. They "envision the mothers experience during labor and delivery as a crucial transition point in the development of maternal attachment---a period of creative stress or crisis" (47). They emphasize that "The mother's associations with labor and delivery will affect the birth process" (47) and subsequent maternal-infant relations.

During the birth process, the mother is tremendously vulnerable; she is opening up both physically and mentally. Separation from her infant following delivery may act as a powerful punishment for that kind of behavior but the presence of the baby may be a powerful reward. (47)

Negative Birth Experiences Related To Child Abuse

Peterson and Mehl comment on the beneficial effects of a positive birth experience on maternal self-esteem. They warn,

A negative birth experience in which fear and pain and discomfort predominate may have far-reaching consequences. Fear and pain breed resentment and hostility toward the object associated with the fear, pain and discomfort. (47)

They found that fathers also express hostility toward their infants when the infant's birth was an experience of pain

and fear for their wives. "Such a phenomenon has also been observed in clinical psychiatric practice. This is in sharp contrast to fathers and mothers who perceive birth as a positive emotional experience." (47)

Dr. Milton S. Grossman, pediatrics chairman at Mount Sinai Medical Center in Miami Beach and professor of pediatrics at the University of Miami theorizes that separation of mother and infant brings not only a failure of the maternal instinct but increased possibility of childbeating. (10)

Helfer and Kempe's synthesis strongly suggests:

The process of bearing and nurturing new life is a complex one, influenced powerfully by subtle, interacting factors whose long-range effects are difficult to predict and observe. Ten years ago (in 1958), pediatricians noted that many of the premature infants they labored so hard to save were brought back to the hospital battered, neglected, and abused by their parents. A very high proportion of children who are abused or failures-to-thrive have been premature, born by Cesarean section, or hospitalized for other reasons in the first weeks of life. These are extreme and easy to see effects of the failure of maternal-infant attachment. (32)

Dr. Elizabeth Faust, a practicing psychiatrist in Haverford, Pennsylvania says,

One of the top causes of infant death is violence at the hands of the parents. I feel strongly that the tendency of parents to beat their children has dramatically increased over the same period that there's been a terrific lessening of contact with infants and adults. Infants are more isolated than they ever were. And people who are having babies now were subjected to considerable isolation when they were infants in the 1940's and 1950's when it had already become universally the practice to put infants in hospital nurseries at birth and keep them totally isolated. (10)

Helfer and Kempe write:

If we looked more closely, we might see less obvious effects in apparently normal families in which this critical attachment has been distorted, diminished, or blunted by routine, unexamined medical and cultural practices. We must begin to take this closer look. We must begin to make profound changes in our attitudes toward birth, the newborn infant, and the family unit. The goal must be to intervene in pregnancy, birth and the early postpartum period only in ways that are examined from the point of view of promoting both physical and emotional well-being of the mother, infant, and family. (32)

Dr. James Prescott, a neuropsychologist with the National Institute of Child Health and Human Development says,

If newborn infants received more affection, there would be less violence, crime, drug problems, psychiatric disorders and all the other problems that plague us...A child's needs for early touching is as vital as food. It should be held and fondled right away. (48)

The Preventative Role Of Social Work

Sobel writes:

Contemporary Western medicine is a valuable but incomplete approach to health. It has concentrated on disease and neglected health. It has emphasized individual medical care and slighted the influence of environment and behavior. It has been preoccupied with physiochemical processes and remained insensitive to psychosocial factors in health and disease... (60)

Sociologist Dorothy Beck and social worker Mary Ann Jones of the Family Service Association of America conducted a four-year study of 3,600 family problem cases across the nation. Approximately 13,000 individuals were involved. The study indicated that with children second and sex third the leading cause of family conflict in 87% of the cases was a breakdown in communication.

Dailey writes about the breakdown in communication during pregnancy:

Women need to learn to respond to their husbands' reactions to pregnancy in an informed and supportive manner. Men have the right to be excited, scared, ambivalent, and even guilty, and they need opportunity to talk about those feelings. It is important that the woman be able to respond. (15)

Richman, Goldthorp and Simmons state,

The role confusion and upheaval they are experiencing needs to be explained as normal, expected, and common to the husband-wife relationship during pregnancy. This validation of normality is helpful to the couple, lest they believe that their relationship is in peril. Pregnancy is a new experience to most couples, and few couples know what they can expect. If no one helps them to meet their individual emotional needs in face of the stress they are under, the spouses will never be able to be effectively supportive to the other at a time when such support is most needed. (53)

Several authors have discussed men's need for assistance with the fathering role. (8,12,25,36,40,53,61,68) Fasteau describes fathers as "not having learned to value the kinds of rewards inherent in daily child care", in parenting. He feels "fathers tend to be focused on the outcomes rather than enjoying the process" (25).

Biller and Meredith write of the importance of father's attention to the infant and give suggestions for healthy fathering. Salk addresses himself to the central core of his book which is the well-documented observation that babies who are understimulated do not develop as well as babies with adequate stimulation, saying that fathers can enhance an infant's development very significantly.

This failure to get fathers physically and emotion-

ally involved in the care of their children from the moment of birth may deprive children of realizing fully the potential with which they were born. (58)

The father, like the mother, must be adequately prepared during pregnancy for his new role---for the advent of fatherhood when finances, energy, attention and responsibilities concentrate even more demands on the father. "People seek emotional support from a significant other when their anxiety increases." (53)

The trained marital and family social worker who knows how to inspire effective two-way communication in interpersonal conflicts so that no one loses and the family wins; who knows how a person can influence another to be considerate of his needs; and knows a method that will help a person work through his personal problems and find his own solutions would be of valuable assistance to families experiencing preparenthood.

The social worker trained to deal effectively with disharmony in sexual relations and educated as to the adjustments that must be integrated and the coping mechanisms useful upon the advent of a new family member would assist the preparenthood couple greatly. When a man needs to express his confusion and other feelings which are normal when transcending into a new role of his manhood---that of father---the social worker could facilitate this expression.

The importance of facilitating marital, individual and family understanding by establishing, reinforcing and

maintaining open lines of communication is clear. So, too, is the need for valid information regarding pregnancy, labour, childbirth and early parenthood.

The medical profession is not assisting couples in expressing emotional uneasiness and constructively working with feelings of insecurity, fear, jealousy, guilt, etc. These essential aspects of pregnancy have been neglected despite the evidence that pregnancy can produce obstetric complications if anxiety is not reduced through education and counseling.

Consultation is a major undertaking requiring knowledge, sensitivity and time along with professional interpersonal communication skills. For this reason, no person is more well suited to take on the task than the social worker educated in pregnancy and early parenthood education and individual, marital and family therapy.

Research On Preventative Approach to Family Therapy

A number of articles in social casework journals imply a preventative approach to family therapy. (5,15,22, 41,50,55) Medical journals and psychiatric journals also conclude by reasoning from their research with pregnant couples that more emphasis must be given to the psychological and psychosocial aspects of pregnancy. (1,4,12,19,21, 28,36,46,61,67,72)

Selig, in an article, "The Myth of the Multi-Problem Family", states:

Our current service delivery system, itself fragmented, may do more to promote than relieve family

disintegration, conflict, and personal anxiety. Continued professional training and tendencies that lead to viewing problems presented by individuals only as individual problems may result in overlooking opportunities for total family approaches to treatment and prevention...We are learning that many systems we have created to deliver services are, in the name of progress and civilization, contributing to the conditions of human distress they were designed to alleviate. (59)

Auerswald writes,

The integrated team approach to structuring and providing services to the entire family will increase opportunities and probability of maintaining family integrity, as well as improving the effectiveness of interventions, since family members' influence upon one another might beneficially be brought into play. (5)

The "integrated team approach" Auerswald refers to consists of the professionals who are working with a family (obstetrician, social worker, pediatrician) gathering together to discuss the family's welfare and meeting with the entire family unit as a team.

Rhodes states:

The shift in social work practice from individual to family treatment models of service which emphasize intervention at points of interface between coping efforts and environmental contingencies and the emphasis on preventative approaches are several of the major trends which give impetus to solidifying a theoretical base for understanding and influencing families. (50)

Erik Erikson identifies different stages of the life cycle as being potential crisis periods to individuals. He emphasized the importance of intervention upon the advent of these periods. Two of these phase-specific crisis periods occur during preparenthood. The first phase of 'intimacy versus idealization or disillusionment' is one of

"forming a dyadic relationship which precedes the advent of offspring". (The essential criterion of this stage being that the couple is making an investment in the relationship.)

The tasks involved in this first stage are of a critical nature as they are fundamental aspects of building a relationship such as (1) assuming responsibility for oneself in the relationship; (2) negotiating differences and conflict with one another; (3) resolving unrealistic expectations of one's partner; and (4) finding mutually satisfying ways to nurture and support one another, it is referred to as being a period of extensive upheaval and conflict. (40,50)

Courtship patterns and expectations, the nature of early interactional pacts (usually implicit), the vying for power positions, and the assignment of roles and responsibilities are early indicators of the couple's mutual capacity for intimacy, of their progress in working toward intimacy and of potentially dysfunctional patterns in the achievement of intimacy. (50)

Each partner's capacity to achieve intimacy as opposed to idealization is reflective of the extent to which he or she has completed the tasks relevant to his or her own nuclear family. Thus, the multi-generational perspective which resonates throughout the model surfaces meaningfully in this first stage. (50)

Social work intervention during the prenatal period can be effective in establishing marital coping mechanisms for future stress periods of life. During this first stage the shared awareness of mutually felt dissatisfactions, frustrations, and satisfactions can be the foundation for greater openness, understanding and appreciation of differences. Many couples need assistance with interpersonal

communication skills and feeling identification; assistance in locating areas of differing expectations and conflict, exploring potential problems, voicing self-identified needs and feelings and constructing ways to support each other.

The second stage begins with the birth of the first child and ends when the last and youngest child enters school. It is termed 'replenishment versus turning inward'. The major struggle of this stage entails "the development of nurturing patterns among all family members so that food, in an emotional sense, is available to adult suppliers as well as to their helpless offspring". The concept of "refueling the adults", which suggests a responsive and caring environment within the family unit, is mentioned by Mahler, Pine, Bergman (43), Rhodes (50) and others.

The ability to succor, to be available and responsive to the needs of young children depends on the presence of both inner resources and opportunities within the family environment for refueling the adults. (50)

In the couple's relationship after the first and only infant is born, refueling is a mutual necessity for both parents and the degree of mastery, by both the mother and the father, in offering this sensitive, understanding encouragement will decide the extent to which this couple cope's with the demands of this vitally impactful transition from a couple to a family. The couple who have succeeded in achieving the intimacy of the first stage of their relationship are obviously in a better position to make the necessary adaptations to a new family member, who is both

helpless and demanding, than those couples who have not resolved the intimacy stage successfully.

Preventative Education And Counseling Needed

Rhodes suggests,

Accessibility of parent life education groups which foster sharing of experience as well as information is a change at the institutional level which would provide the nucleus of a social network within and without the nuclear family and expand interface points between family and nonfamily worlds. (50)

There exists no family liason during preparenthood. The single adult would also be greatly assisted by the preparenthood consultation service during this interval because presently the single parent, who is particularly dependent on refueling sources outside the family, is not provided for by our society.

Blanca Rosenberg, in an article "Planned Short Term Treatment in Developmental Crisis", stresses the importance of "the organization of family life education programs geared to nonclinical populations and located for direct access at critical points" (55).

Many social workers view the purpose of social work to be that of producing growth through increasing competency in coping with the social situation or environment. They feel, as do Russell and Schild "the task of the worker is to engage the clients to begin to move toward taking control of their situation" (57). Problem-solving and decision-making are facilitated by the worker but basically resolved through the individual's acceptance of responsi-

bility and control once the source of the crisis is identified.

Some parents are in need of preventative services which are most effective when introduced, logically, at the first transition phase of the familial relationship---when encountering the adjustments required for transcending the couple to attain appropriate and healthy family life. There are usually no negative responses to consultation and no resentfulness toward treatment to work through before education and counseling can commence. Pregnant women are often elated to find an empathetic and knowledgeable professional person to communicate with and learn from during the prenatal period and through the events of the postpartum.

Conclusion

In this work documentation has been presented from research studies evidencing (1) that preparenthood, from conception of the infant to six weeks after the infant's birth, is considered a crisis period of stress and anxiety for the mother and father individually, for the marital couple, and for the family system; (2) that the widespread phenomenon of maternal anxiety causes obstetric complications; (3) that a negative birth experience can result in social problems such as child abuse; and (4) the need for a nonclinical consultation program which reaches the majority of expecting parents during the preparenthood period of life.

In 1966 there was a tremendous growth in the field of family therapy. This shift in practice from individual to family treatment respects the family as a system whose process significantly influences all of the members. Intervention, in order to be effective in strengthening the family system, should be introduced prior to the completion of the formulation of the family system, during the early preparenthood period---during pregnancy. (9,17,21,22,28,50)

During these nine months a family system is being born. Coping mechanisms must be identified and reinforced. Education and creative imagery regarding parenthood would prepare couples for situations which they have previously never faced. "The benefits of an educational sequence or program which focuses upon both family theory and practice appear evident." (14)

The realization that self-knowledge and understanding are necessary before one is capable of successfully meeting the demands of parenthood, with its need for maturity and stability, promises to make life better for children and more rewarding for parents.

CHAPTER III

A DESCRIPTION OF A MODEL PREPARENTHOOD CONSULTATION PROGRAM

Rationale

Reviewing the literature on the crisis effects of preparenthood on each individual family member, the marital couple, the single parent and the growing family unit leaves no question regarding the need for preparenthood consultation. The increasing need to reduce maternal anxiety on a large scale in the U.S. is obvious as research studies prove that this fear causes obstetric complications (16,17, 18,72), fetal abnormalities (4,19) and the lack of adequate maternal-infant bonding (37,42,44,45,47) which can lead to child abuse. (10,32,47)

Paternal anxiety and marital strife have also been statistically identified as common during preparenthood. (8, 12,25,36,40,53,57,61,67) The need for assistance in resolving this phenomenon is shown in the high occurrence of divorce and inadequate family bonding (which creates a feeling of distance within and among family members) (37, 44,51). Some authorities suggest the consequences are drug problems, delinquency, psychiatric disorders, violence, crime, and violent infant death at the hands of parents. (10,32,47,48)

The Preparenthood Consultation Program (PCP) will accomplish the distribution of factual information regarding

the events of pregnancy, labour, childbirth and parenthood. The need for this widespread education is documented by research studies. (1,4,9,20,31,44,50,61,63,66,68,69) It will attempt to reach the majority of expectant parents early in pregnancy. (55,66) This is necessary because the lack of factual information regarding these events results in the phenomenon of maternal anxiety. (4,9,10,11,13,39) Maternal fear is reduced by education. (9,20,21,33,49,61,70) PCP would, in this way, also reduce obstetric complications (4,16,17,18,23,72) and negative birth experiences (32,47) which are typical results of maternal anxiety.

By utilizing the services of a specialized social worker, the program will satisfy recommendations for an "outside consultant" (66) for educating parents (14,50,53,55) and observing couples in their homes (34). Psychological adjustment in preparing for birth and parenthood is emphasized in the literature (9,10,21,27,36,53,61) and will be accomplished by preparenthood consultation. This emotional preparation will reduce paternal anxiety, as well as maternal stress.

Preparenthood consultation will reduce the widespread phenomenon of fear, guilt, lack of confidence and disappointment frequently experienced during this stage of life through educated preparation and guided projection into parenthood. It will reduce the occurrence of paternal alienation (8,12,21,25,27,36,40,53,58,61,67) by including the father in discussion of the events of pregnancy, birth and

early parenthood, thus, educating him and encouraging his active participation in these events.

This proposed program model specifies therapeutic intervention that takes advantage of the progressive forces of health and growth within the marital couple and the family unit. (40,50,57) Preparenthood is a maturational crisis phase of life. Maturational or developmental crises phases of life are periods when people are more eager to reach out for guidance and more willing to change. (22,50,53,55) During these developmental stages, parents are more able to integrate, maintain and utilize successively (and successfully) the personal, marital and family system improvements they acquire.

PCP will assist the couple in coping with marital stress during preparenthood which is a common crisis of this period. (16,17,18,21,33,34,53,61) The need for enhanced marital communication is supported by the research. (5,9,49,59,61,63) Consultation will accomplish improved communications and reduce feelings of emotional distance within the family unit. (32,44,48,49) The Preparenthood Consultation Program will teach family process, problem-solving and decision-making skills which will be of great assistance throughout family life. The PCP facilitates the family as it emerges into a new system.

Research studies show the necessity of a preventative approach to family and marital therapy. (10,15,24,28,32,47,48,50) These findings stress the consideration of the

psychosocial needs of the family (54,63) especially in cases of regionalized care, retarded or handicapped infants, complicated births and the need for increased emotional support of the single parent. (63) The PCP will offer this support for the family during the crisis period of coping with prenatal and postpartum problems. (1,4,12,19,21,28,36,46,61,67,72) It will offer resource referral and provide follow-up support (56,62) during the first six weeks of parenthood, which is greatly needed. (2,54,56,61,62,63,66)

The Preparenthood Consultation Program is a preventative approach to family therapy and to physical, mental and emotional health care during preparenthood. The program aspires to promote and reinforce the concept that pregnancy is a natural condition; that childbirth is a natural event in a woman's life; and that parenthood is a natural state of human life. If a woman and the family will take reasonably good care of themselves (herself and itself) and develop and maintain within themselves a wholesome mental attitude, pregnancy, childbirth and parenting will proceed to their natural and logical conclusion, with the usual result of a healthy mother, infant, and family (and that without any interference and with only a negligible need for professional attention).

Concepts

The program will convey the importance of good nutrition and physical care. (63) Participants will learn exercises and the principles of a good nutritional diet. They

will learn to appreciate the importance of the father's active role in pregnancy and early parenthood. (5,7,8,9,21, 33,36,40,42,53) Couples will learn of the positive effects that involved fathers can have on newborns (21,28,33,37,46, 47,51,58) and the intimate effects an understanding father can have in relation to the mother's well-being during pregnancy and the immediate after birth period (33,36).

Preparenthood consultation will prepare fathers for the birth experience as research studies point out the distinct need for this preparation. (9,21,53) The program will convey to participants the benefits of the husband's presence at labour and delivery. His presence has been proven to reduce maternal fear and pain at the time of labour and birth. (6,8,9,21,33,66)

The PCP will convey the importance of normal, unmedicated, birth experiences (4,9) where the mother takes an active role in labour and delivery (9,11,13,16,20,31,39,69, 72). Participants will learn methods of coping with the labour contractions (11), especially breathing and relaxation, and, thereby, learn to reduce maternal anxiety and pain during delivery. This knowledge increases mothers' sense of power and control during the experience. (9) The literature recommends the need for patients' sense of power and control (14) in accomplishing a positive experience.

The program will emphasize the great importance of maternal-infant bonding in the immediate after birth period and, thus, encourage early intimate contact with the new

baby. (10,20,32,37,42,44,45,51,63) Preparenthood consultation will convey the necessity of developing good communication skills (34) and teach participants constructive family process. Couples will learn how their individual childhoods effect their marital relationship and to resolve the negative patterns of their nuclear families. (50) Participants will explore their preconceptions, learn how to resolve unrealistic expectations, assume responsibility for themselves, negotiate differences and conflict, develop coping mechanisms, discover mutually satisfying ways to nurture and support one another, and cultivate a responsive and caring family environment. (40,50)

Format and Objectives

The program dwells upon natural principles in group discussion wherever possible and upon their specific applications with the individual family units. The PCP is designed to unfold the processes of regeneration to promote confidence in them. It enlightens expecting parents regarding situations which they may encounter during preparenthood and assists them with developing mechanisms for coping with this new style of life.

The program avails expecting couples of education and counseling services on a monthly basis for the eleven months during which the new family is forming. It includes six classes two hours in length given to groups of expecting parents and five two hour sessions with each family in their home. Ideally, discussion groups will be feasible with

six couples. The private family counseling sessions in the home will involve only the one family. The social worker will, thus, be involved with any given group of six couples a total of 12 hours in group discussion and 60 hours in the field meeting with each individual couple in their home.

The materials needed for such a program are relatively few. The main needs being a large room with a comfortable carpet to sit on and appropriate posters for visual aids. A brief description of the courses follows accompanied by the specific course objective:

Class 1 Nutrition (Group) a discussion of principles of good nutrition including the effects of vitamins, minerals, protein and carbohydrates on the body; food and herb sources for each of them; and the importance of a positive mental attitude as our thoughts and words are also foods for our bodies to digest.

OBJECTIVE: to enhance maternal, infant, and family health.

Class 2 Body Awareness (Group) postural analysis and experiences with relaxation, tension control, breathing, prenatal yoga and other specific pregnancy and postpartum-related exercises.

OBJECTIVE: to prepare women physically for the labour and birth experience and to introduce healthy physical practices for later life.

Class 3 Physiology and Anatomy Of Pregnancy (Group) a discussion of the anatomy of pregnancy, the process of procreation and the stages of fetal development.

OBJECTIVE: to increase understanding of the physiological mechanics of pregnancy, labour and birth and, thus, reduce maternal anxiety regarding these experiences.

Class 4 The Preparenthood Transition (Family) exploring the body changes, hormonal changes, emotional changes and potential communication blocks of this crisis period. (This class also explores the effects of pregnancy and early postpartum on existing siblings and the family unit.)

OBJECTIVE: to develop mechanisms for coping with the changes pregnancy and parenthood bring to the female body and the marital relationship, and to establish and reinforce the maintaining of open communication, active listening and

the appreciation of individual differences.

Class 5 Fatherhood (Family) a discussion of the importance of the father's role in the prenatal period, labour, delivery and early parenthood and the transition changes---sexual, financial, mental and emotional---which fathers sometimes experience during preparenthood.

OBJECTIVE: to reduce paternal anxiety and the occurrence of the alienated father syndrome and to make clear the great benefits of the father's participation in early parenthood.

Class 6 Parenthood (Family) an introduction to the family as a system by experiencing family system process, exploring the process of the families of origin and projecting into family life and child care.

OBJECTIVE: to promote knowledgeable and responsible parenting attitudes and skills; to establish constructive family problem-solving and decision-making; to reduce anxiety regarding the events, emotions, circumstances and situations which may be encountered upon the advent of parenthood; and to reduce marital conflict during preparenthood.

Class 7 Postpartum Care (Group) a discussion of immediate afterbirth care of mother and infant, bonding, breastfeeding and good infant nutrition.

OBJECTIVE: to enhance the immediate postpartum experience, family bonding and infant health.

Class 8 Labour and Birth (Group) information about the physiological mechanisms of labour and childbirth and the father's supportive role.

OBJECTIVE: to reduce anxiety regarding labour and delivery and to promote a supportive paternal childbirth coach.

Class 9 What If? (Group) discussion of pregnancy and childbirth complications, childbirth drugs, stillbirth, and the birthing mother's rights.

OBJECTIVE: to resolve mythical attitudes regarding labour and birth; to allow for emotions of sorrow and disappointment to be thought through and constructively worked with; and to educate parents as to their legal rights.

Class 10 Setting Orientation (Family) an orientation to the planned birth location. (This may be a postpartum follow-up home visit if the newborn has already arrived.)

OBJECTIVE: to reduce anxiety by introducing couples to the planned birth environment.

Class 11 Home Visit (Family) follow-up home visit.

OBJECTIVE: to assess family well-being, answer any questions, offer additional assistance and resource referral.

CHAPTER IV

CONCLUSION

This research practicum has explored the crisis nature of the period in family life beginning at conception and lasting through six weeks postpartum. It has shown the effects of preparenthood on the mother, the father, the infant, the marital relationship and the family system. It defines the preparenthood period as a crucial transition stage of family, individual and marital life, a period of extreme crisis. (11,22,25,36,40,50,53,58,61,67) The study documents the need for support and assistance in the form of education and counseling during this important phase of life.

A model Preparenthood Consultation Program has been outlined and is intended to meet the needs as identified by the review of the literature. This author believes that this program, offered to all segments of the population, will reduce maternal anxiety, obstetric complications, inadequate bonding, paternal anxiety, the alienated father syndrome, poor marital relations and destructive family process.

Consultation during this period of upheaval could benefit not only the individuals, their marriages and families, but all of society by enhancing interpersonal and interfamilial relations, increasing personal self-confidence

and capacity to express self-worth, and by developing problem-solving, decision-making and coping mechanisms within the family system. Through this consultation, social problems of child abuse, violent infant death, and the feeling of distance and alienation, which can cause many other forms of social deviancy, will be reduced.

Researchers write,

There is a great need for a care system that provides continuity for the family unit not only through the pregnancy cycle and inpatient experience but into the postpartum experience as well. (62)

A therapeutic process designed to guide toward and support the resolution of the crisis (preparenthood) or mastery of stress will release natural growth tendencies. It will strengthen the ego of all people, regardless of personality structure and the specifics of psychopathology. (55)

The preventative approach to treatment will be the major trend in the future with respect to all aspects of social service. Implementation of this, the Preparenthood Consultation Program, approach is not only logical, but vitally necessary, now.

The independent family, living within its own four walls, self-sufficient and taking complete responsibility for its members in sickness and health, is the ideal family unit in the modern world... The integrity of a society rests with the integrity of family life. Serene and happy children, children who do not need to spend their lives making up for defects in their upbringing, have the freedom to choose whether to found a family or to devote themselves fully to the kinds of activities that make high civilization possible...(44)

The transformation of a way of life and its fruition in creativity depend on the existence of a kind of family in which children are reared to perceive themselves and all others as full human beings and to see the wider significance each individual's

gift may have for the world community. In this way change itself reaffirms the stability of the family's task. (44)

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