



Postpartum Social Support Needs of Mothers with Multiple Sclerosis

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Pregnancy does not affect the course of Multiple Sclerosis (MS) but the postpartum period may pose significant vulnerabilities to the mother who will need assistance and understanding in her mothering role. The vulnerabilities include exacerbations of MS since they tend to double during the first three postpartum months and somewhat less than double during the 4-6 postpartum months as compared to the year before pregnancy (Confavreux, Hutchinson, Hours, Cortinovic-Tourniaire, Moreau, T. (1998); increased levels of fatigue due to childbirth and the responsibilities of mothering (Gardner, 1991) which may be compounded by increased fatigue commonly experienced by the majority of persons with MS (Freal, Kraft, & Coryell, (1984); and postpartum depression since the incidence of depression in persons with MS is triple that of the general population (Fischer, Crawford, 1994) and to the fact that postpartum depression in the general population ranges between 6% and 17% (Brown, Lumley, 2000; Chaudron, Klein, Remington, Palta, Allen, Essex, 2001; Josefsson, Berg, Nordin, Sydsjo, 2001). These vulnerabilities of postpartum mothers with MS create special physical and emotional needs that vary according to primipara or multipara status, older age, employment, or birth of premature and/or multiple babies. The purpose of this article is to review difficulties that may be experienced by mothers during the first 6 postpartum months, explore the potential impact that social support can have in alleviating or decreasing postpartum difficulties as well as the consequences arising from insufficient social support, and suggest ways that social support can promote the health of postpartum mothers with MS.

Experiences of Primipara Mothers

Becoming a mother for the first time involves great social change and incurs many challenges in the new role of mothering that can be unpredictable and stressful McVeigh, 1997. Interviews with first-time mothers from the general population at six weeks postpartum revealed reports of fatigue and sleep loss resulting in irritability, and loss of concentration. The mothers also reported lack of time for themselves, anxiety, difficulties in organizing or reorganizing their life around a small infant, and their self-confidence in mothering was challenged. Many reported their partners inability or unwillingness to comprehend the dilemma they were undergoing. In contrast, Leathers and associates (1997) found that emotional support from ones partner, measured by the Social Support Network Inventory, was significantly related to low depression scores, measured by the CES-D, at 6 months postpartum

Experiences of Multipara Mothers

Common concerns of second-time mothers include initial separation from their firstborn followed by a loss of the exclusive relationship with the older child and the challenge of mothering two children (Gottlieb, Mendelson, 1995). The mothers who reported little support from their partners, inappropriate amounts of support, and/or dissatisfaction with the support expressed anger that left them ill-equipped to deal with the demands resulting



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from the new addition to the family. Similar concerns may also prevail for mothers who experience a third or additional birth. However, levels of depression, measured by the CES-D scale, have been shown to be significantly lower in multiparous than primipara mothers (des Rivieres-Pigeon, Sequin, Goulet, Descarries, 2001).

Experiences of Women who Delay Childbearing

Many women delay childbearing until their educational and/or career goals have been achieved. Older mothers compared to younger mothers experience more fatigue, intrapartum complications, lack of time, isolation from adults, less gratification in the mothering role, and concern in balancing career and motherhood roles (Mercer, 1986). The transition between career and mothering roles is poignantly described by Pickens (1982). Through interviews with older first-time mothers, Pickens noted that they experienced discontinuity between their career role where they perceived themselves as competent and independent compared to their mothering role where they experienced incompetence and dependence. For these mothers, the first four postpartum months required a reformulation of their identity by assimilating the mothering role into their self-concept.

Experiences of Employed Mothers

Killien (1998) reported experiences of 123 mothers in which 80% had returned to work by 4 months and 93% by 6 months. Fatigue, measured by a subscale of the Symptoms of Stress Scale, was the most prevalent symptom at one month but remained high during the entire 12 months following birth. Depression levels, measured by the depression subscale from the Symptoms of Stress Scale, were somewhat higher at one month than the remainder of the year. However, mothers who experienced more symptoms of fatigue and depression reported more parenting stress and less gratification in parenting and more maternal-child separation. Employed mothers who had limited flexibility in their jobs, reported unsatisfactory childcare, or perceived non-supportive partners, and expressed concerns about their ability to manage their multiple responsibilities. In contrast, at 6 months postpartum, Rivieres-Pigeon and associates (2001) reported lower levels of depression, measured by the CES-D, among women who were working than those who were seeking employment. Further, lower levels of support and fewer people in their social support network among mothers who were seeking employment or were on maternity leave reported significantly higher levels of depression. Conversely, mothers who report having a supportive boss at work is associated with lower depression scores (Leathers et al, 1997).

Experiences of Mothers with Premature and/or Multiple Birth

Multiple gestation is frequently associated with higher rates of premature births and perinatal morbidity (Hay & O'Brien). These mothers experience increased anxiety (Zanardo, Freato, & Cereda, (1998), strain, fatigue, isolation, and depression (Walton, & Collins, 1994).

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Many of the adverse experiences reported by primipara and multipara mothers as well as those who delay childbearing, are employed or experience premature and/or multiple birth are similar. The difficulties that they experience are likely to be compounded for those who may already be experiencing the stress associated with MS. Healthcare providers of these women must be alert to the potential difficulties the mothers may experience and provide counseling for them and their partners or refer them to other relevant services that can provide appropriate support. Additionally, healthcare providers can inquire about the need and availability of social support for the mother during the postpartum period and discuss the specific kinds of support that will likely be needed.

Dimensions and Provisions of Social Support

Social support is multidimensional and includes provisions for emotional, instrumental (aid/assistance), and informational support (House, 1981). Emotional support involves providing empathy, caring, love, and trust. Instrumental support includes providing mothers with help with infant/child care and household tasks. Informational support includes providing information that the mother can use in coping with tasks of infant/child care, self-care, and personal and environmental problems. Cronenwett (1985) has shown that between 67% and 91% of women perceived themselves as having an increased need for the latter types of support five months after childbirth. Effective nurturing of a baby requires that the mother, herself, be nurtured through care by family members and possibly through friends and neighbors. The major impact of birth on mothers relative to their functioning is poignantly presented by Tulman et al. (1990) through interviews with 97 primarily white mothers equally represented by vaginal or cesarean birth and first vs subsequent birth over the first six postpartum months. At 6 months postpartum 6% of the mothers had not yet assumed the desired or required level of infant care, nearly 20% had not fully resumed their usual levels of household activities, and more than 80% had not fully resumed their usual self-care activities. The findings clearly point to the extended time period in which mothers continue to need emotional, instrumental and informational social support.

Consequences from Insufficient Social Support

Adverse consequences from insufficient social support accrue to the mother as well as to her infant. Common consequences experienced by mothers that have, in part, been attributed to insufficient support include increased fatigue and depression. Normal postpartum women having vaginal deliveries reportedly are mildly fatigued at 6 weeks but increases with child care problems and unavailability of household help (Gardner, 1991). The experience of increased fatigue, anger, and depression among mothers giving birth to a second child was significantly associated with low levels of support required to meet physical, childcare, and emotional needs (McVeigh, 1997). Low levels of social support at 6-8 weeks postpartum (Logsdon, & Usui, 2001) and at 6 months postpartum (Rivieres-Pigeon et al, 20001) have been shown to be associated with significantly higher levels of depression as measured by the CES-D depression scale.



Mauthner (1999) proposes that depression following birth of a baby may be associated with ambivalent feelings regarding losses of identity, autonomy, independence, and possibly paid employment. Mauthner proposes that postpartum depression occurs when women are unable to experience, express and validate their feelings and needs within supportive, accepting and non-judgmental interpersonal relationships and cultural contexts. She suggests that care providers need to be aware of the critical postpartum period and encourage mothers to speak about their feelings early on and provide them with non-judgmental and accepting support.

In a sample of 175 mothers with MS, Gulick (in review) found that mothers with moderate compared to low levels of emotional distress, measured by the Mental/Emotional subscale of the MS-Related Symptom Scale, reported significantly lower levels of Emotional support, measured by the Postpartum Support Questionnaire, at 3 and 6 months postpartum. Similarly, mothers with moderate emotional distress compared to low levels of emotional distress reported significantly lower levels of Instrumental support at 1, 3, and 6 months. These findings point to the important role that social support can play in promoting the postpartum health of mothers with MS.

Concerns of Postpartum Mothers and Ways to Promote their Health

Awareness of common concerns of postpartum women is essential for care providers who are in a position to oversee the health of persons with MS who are planning a family. Many of the common concerns of mothers during the postpartum period are listed in Table 1.

Table 1. Common Postpartum Concerns of Mothers with MS	
Focus of Concern	Specific Concern
Mother	<ul style="list-style-type: none"> Increased fatigue Emotional distress (anxiety, depression, loneliness) Inadequate sleep and rest Partner's lack of understanding of mother's condition Insufficient help with infant care and household tasks Difficulty in organizing daily routines Pressures arising from numerous visitors Lack of time for herself Challenged self-confidence in mothering Ambivalence about returning to work Losing weight but maintaining good nutrition Increase in MS-related symptoms
Infant	<ul style="list-style-type: none"> Feeding frequency Breastfeeding (nipple problems, sufficient milk, formula supplementation, presence of jaundice} Behavior (colic, fussy, day-night awake/sleep pattern mixed up) Adjustment to siblings Regressive sibling behavior (bed wetting, need for more attention)



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	Rate of weight gain Health concerns (rashes, respiratory infections, constipation, allergy, gastric reflux, thrush) Special needs of premature and multiple birth babies
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Most of the concerns listed in Table 1 can be met through social support. Instrumental support for infant/child care and household tasks through provision of assistance by spouse, family members, or paid workers can largely alleviate the mother's concerns regarding fatigue, adequacy of sleep and rest, lack of time for herself, pressures arising from too many visitors, and ambivalence about returning to work. Instrumental support may contribute to minimizing emotional distress experienced by mothers. Should an increase in MS-related symptoms be experienced, despite the presence of an adequate and appropriate support network, the mother will need to consult with her neurologist or physician regarding the possible need for medical treatment.

Emotional support from the mother's partner and significant others is essential for decreasing the probability of postpartum depression. Emotional support from her partner, family, or other mothers with young children may enhance her self-confidence in mothering and self-esteem. In fact the mother's healthcare providers (obstetrician/midwife's visit at 4-6 weeks postpartum) and routine health visit (neurologist/physician at 3-6 months postpartum) need to avail themselves of the opportunity to discuss and provide counseling and interventions for any physical, emotional, or relational difficulties or concerns the mother may be experiencing.

Informational support is needed in caring for the infant, particularly for first-time mothers. Common areas of concern include feeding method, breastfeeding concerns (e.g., nipple problems, sufficient milk, formula supplementation, jaundice associated with breastfeeding), infant behavior (e.g., fussy periods, day-night awake/sleep pattern mixed up), adjustment to siblings, regressive sibling behavior, and health concerns (rate of weight gain, rashes, respiratory, infections, constipation, allergy, gastric reflux, thrush). Sources of information include other mothers with young children, nurses, lactation consultants, pediatricians/physicians and written material through books and/or the internet.

In conclusion, the provision of social support can alleviate many of the difficulties experienced by mothers with MS during the postpartum period and promote their and their family's well-being. This requires healthcare providers to be sensitive to postpartum difficulties that mothers may experience and encourage the mothers to verbalize their feelings and concerns so they can be addressed before they get out of hand.

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