Mentors Offering Maternal Support Reduces Prenatal, Pregnancy-Specific Anxiety in a Sample of Military Women

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ABSTRACT

Objective: To determine the efficacy of the Mentors Offering Maternal Support (MOMS) program to reduce pregnancy-specific anxiety and depression and build self-esteem and resilience in military women.

Design: Randomized controlled trial with repeated measures.

Setting: Large military community in Texas.

Participants: Pregnant women (N = 246) in a military sample defined as active duty or spouse of military personnel.

Methods: Participants were randomized in the first trimester to the MOMS program or normal prenatal care. Participants attended eight 1-hour sessions every other week during the first, second, and third trimesters of pregnancy.

Pregnancy-specific anxiety, depression, self-esteem, and resilience were measured in each trimester. Linear mixed models were used to compare the two-group difference in slope for prenatal anxiety, depression, self-esteem, and resilience.

Results: The Prenatal Self-Evaluation Questionnaire was used to measure perinatal anxiety. Rates of prenatal anxiety on the Identification With a Motherhood Role (p = .049) scale and the Preparation for Labor (p = .017) scale were significantly reduced for participants in MOMS. Nulliparous participants showed significantly lower anxiety on the Acceptance of Pregnancy scale and significantly greater anxiety on the Preparation for Labor scale. Single participants had significantly greater anxiety on the Well-Being of Self and Baby in Labor scale, and participants with deployed husbands had significantly greater anxiety on the Identification With a Motherhood Role scale.

Conclusion: Participation in the MOMS program reduced pregnancy-specific prenatal anxiety in the dimensions Identification With a Motherhood Role and Preparation for Labor. Both dimensions of anxiety were previously found to be significantly associated with preterm birth and low birth weight. Military leaders have recognized the urgent need to support military families.


Accepted July 2017

In a growing body of evidence in animal and human studies, researchers have shown various associations among prenatal maternal anxiety/stress, poor birth outcomes (Cooper et al., 1996; Diego et al., 2006; Ding et al., 2014), and infant neurodevelopmental disorders (Howerton & Bale, 2014). Maternal depression has been linked to preterm birth (PTB), low birth weight (LBW, Grote et al., 2010), and poor mother-infant attachment (Ossa, 2012). The strongest predictor of PTB, particularly in North American studies, was pregnancy-related anxiety (Premji, 2014). In a military sample that included pregnant active duty women and military service members, Lederman and Weis (2009) found that the presence of both pregnancy-specific anxiety for well-being of self and fetus during labor and fear of pain, helplessness, and loss of control during labor were predictive of infant LBW after controlling for early gestational age, infant sex, smoking history, and parity. Maternal identity formation (acceptance of pregnancy and identification with being a mother), fears of well-being for oneself and one’s unborn infant, and preparation for labor were pregnancy-specific dimensions of anxiety predictive of PTB and LBW.

In 2008, the Surgeon General called for evidence-based interventions to prevent PTB (Ashton, Lawrence, Adams, & Fleischman, 2009). In response, the Mentors Offering Maternal Support (MOMS) program was designed to decrease...
Can the use of a prenatal intervention series such as the Mentors Offering Maternal Support program decrease pregnancy-specific anxiety and depression and increase self-esteem and resilience?

Pregnancy-specific anxiety predictive of LBW and PTB. The program foci were determined through the evaluation of longitudinal data across pregnancy related to pregnancy-specific anxiety, depression, social support, family functioning, deployment history, and birth outcomes in active duty women and military wives (Weis, Lederman, Lilly, & Schaffer, 2008; Weis & Ryan, 2012). Findings from the initial piloting of the MOMS project yielded pertinent data about the type of anxiety and the prenatal time points of maternal anxiety that were associated with poor outcomes. Also, integral to the MOMS intervention design was the knowledge that for pregnant military wives and active duty women, esteem-building support from a military community of friends was more effective in decreasing prenatal maternal anxiety than support from a nonmilitary community (Lederman & Weis, 2009). The esteem-building support provided in the first trimester was associated with a statistically significant decrease in all but one of the seven measures of pregnancy-specific anxiety (Lederman & Weis, 2009). Similar results were found for support in the second trimester, but support had the least significance in the third trimester.

The need for specific support from a military community formed the foundation of the mentor program. For military spouses who experience partner deployments, there may be an added sense of loneliness and even depression (Verdelli et al., 2011). Therefore, our purpose in this study was to investigate the effectiveness of the MOMS program in a military setting to decrease maternal stress and anxiety related to pregnancy, build self-esteem, and increase resilience.

Theoretical Framework

Pregnancy is a major transition for a woman and her family regardless of whether it is a first pregnancy. Pregnancy is an interrelated, physical, psychological, and social experience (Flagler & Nicoll, 1990) in which the woman and the family assess their ability to take on added roles (Lederman, 1990). Close relationship processes (family or community social groups) are recognized to play a critical role in promoting or hindering the woman’s developmental process (Dunkel-Schetter, Gurung, Lobel, & Wadhwa, 2001; Rubin, 1984). The quality of the relationships, particularly in offering esteem-building support, is integral to the woman’s adaptation process (Lederman & Weis, 2009). For a military wife who may experience pregnancy geographically separated from friends and family, it becomes important to provide interventions to build maternal self-identity and decrease prenatal anxiety and depression. Use of the MOMS program offers an opportunity for the concerns of pregnant military mothers to be validated and acknowledged by mentors within the framework of prenatal maternal adaptation.

Methods

Design

We conducted a randomized controlled trial with repeated measures to test the benefits of the MOMS prenatal support program compared with routine prenatal care alone. Recruitment for the MOMS study was conducted in one of the largest military communities in the southern United States. The military health care system in this community is responsible for the care of more than 230,000 beneficiaries who are active duty personnel, family members, and retirees from the Army, Navy, Air Force, Marines, and Coast Guard (Joint Base San Antonio, 2014). Prenatal care is available to active duty women and to the wives and daughters of military service members and retirees. Active duty women and wives of military service members (active duty or retired) were recruited from prenatal clinics from June 2012 through June 2015. A military institutional review board with oversight for clinical research at all the facilities reviewed and approved the study.

Sample and Recruitment

Women were eligible to participate if they were (a) in the first trimester of pregnancy, (b) at least 18 years of age, and (c) an active duty member or the wife of a member of one of the American Armed Services. Exclusion criteria included (a) anticipated permanent change of station (relocation) during the course of the study, (b) dependent daughters of active duty or retired military members, and (c) inability to understand and speak English. During the recruitment period, all eligible women who received care at one of the military prenatal clinics were invited to participate in the study. Of those approached, 1,128 did not meet inclusion criteria, 243 chose not to participate, and 367 consented (see Figure 1). The primary reason for not meeting eligibility criteria...
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