Psychosocial aspects of the postnatal period & physical activity

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Reminder on less sedentary learning environments

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- Benefits include:
 - Improved concentration & memory
 - Reduced fatigue
 - Maintains lower body
 - 30-50kcals extra burned per hour when standing
- Options
 - Standing (or moving) while watching
 - Energiser breaks





Learning outcomes

At the end of this session you will be able to:

- Describe psychosocial changes related to the postnatal period
- Describe the main barriers to participation in postnatal physical activity and exercise
- Describe signs of depression and anxiety in postnatal women
- Describe psychological & behavioural support techniques for physical activity & relaxation











Psychosocial factors in the postnatal period?







Body Image

Birth recovery, weight change/retention, new body shape, breastfeeding, functional changes, fatigue, etc.

- Expectation & pressure to 'reclaim' the postpartum body
- High levels of body dissatisfaction in the postpartum period unrealistic expectations

(Hodgkinson, Smith, & Wittkowski, 2014)

• 'Unreal' images depicting the postnatal body lead to poor body image (Liechty, et al., 2017)











Prioritising motherhood

• Time to bond and cherish time with baby (Subramanian, et al., 2020)

Practical

- New routines & sleep disturbance
- Childcare can be difficult and/or expensive to arrange
- Balancing work & motherhood













<u>Social</u>

Cultural/social norms & practices

- Confinement 'postpartum women perceived to be weak, fragile and vulnerable to illness' (Withers, Kharazmi & Lim, 2018)
- Even without confinement, women can experience social isolation
- Support/encouragement from partners & family, or absence of it, crucial to PA participation (Makama, et al., 2021)







Mental wellbeing

'Baby blues'

- Affects around three quarters of postpartum women, therefore considered 'normal' occurrence
- Onset around day 3, usually resolved within two weeks
- Tearfulness, feeling overwhelmed, irritability
- Causes: Drastic hormonal drop, Sleep deprivation











PA participation in the postnatal period

What influences whether postnatal individuals are active?

















Postanatal women report multiple barriers & facilitators to exercise, including:

Intrapersonal

- Fatigue
- Recovery from birth
- Lack of knowledge timing, suitable activities
- Ability to set goals & make plans
- Motivation child's health is priority, own health is important/poor
- Embarrassment (overweight & obesity)
- Desire to be a good role model to children (Makama, et al., 2021)

Interpersonal

- Practical & emotional support of partner, friends, family
- Advice from professionals
- Social norms/peers/cultural practices
- Work & caring commitments

Environmental

Access to facilities/resources

NAV

Childcare costs

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- Weather
- Postnatal-specific/mum & baby programmes







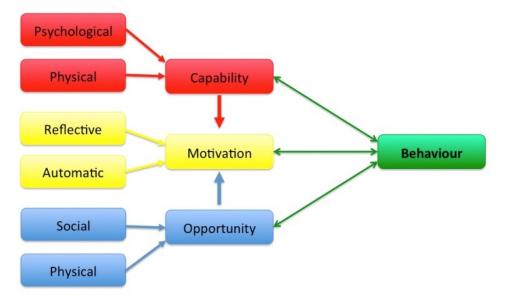
What should we do to support PA in the postnatal period?

Capability

- Safe exercises, progressive program
- Tools to improve behavioural regulation, e.g. prompts, plans
- Activities with baby

Motivation

- Benefits for long term health
- Emphasise role modelling/family lifestyle
- Enjoyable activities, inclusive environment
 Opportunity
- Childcare
- Encouragement from partner & family
- Discounts/subsidies



Source: The behaviour change wheel: A new method for characterising and designing behaviour change interventions *Susan Michie, Maartje M van Stralen and Robert West*





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Energiser break





Maternal mental illness

Some very serious conditions can occur after childbirth

- Postpartum post-traumatic stress disorder (PTSD) also known as 'Birth Trauma'
 - Affects about 30,000 women a year in the UK
 - Can result from:
 - a difficult labour with a long and painful delivery
 - an unplanned caesarean section
 - emergency treatment
 - other shocking, unexpected and traumatic experiences during birth
- Symptoms similar to other PTSD, e.g. flashbacks, avoidance of memories, hypervigilance, low mood, guilt, etc.

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• Can also affect partners!











Maternal mental illness

- Post-partum psychosis
 - Psychosis often with mania and/or depressive symptoms in the immediate postnatal period, which can become very severe extremely quickly
 - Affects 1-2 in every 1000 women
 - More prevalent in women with Bipolar disorder, but can occur without previous history of mental illness
- Perinatal obsessive compulsive disorder OCD
 - Intrusive thoughts and/or compulsive behaviour
 - Commonly thoughts about deliberately or accidentally hurting the baby
 - Likely to be sub-clinical but very distressing for the woman





Postnatal depression

- Deeper and longer than 'baby blues'
- Usually develops within six weeks of giving birth
- Can be gradual or sudden, mild to very severe
- Affects 10-15% (Woody, et al., 2017)

Common signs and symptoms

- down, upset or tearful
- restless, agitated or irritable
- guilty, worthless and down on yourself
- empty and numb
- isolated and unable to relate to other people
- finding no pleasure in life or things you usually enjoy

- a sense of unreality
- no self-confidence or self-esteem
- hopeless and despairing
- hostile or indifferent to your partner
- hostile or indifferent to your baby
- suicidal feelings



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Postnatal anxiety

- A persistent feeling of unease, worry or fear, that can be mild or severe
- Affects 10-15% (Dennis, et al., 2017)

Emotional/psychological signs

- anxious all or most of the time and not be able to control it
- restless or worried
- a sense of dread
- irritable
- constantly on edge

Physical signs

- a churning feeling in your stomach, nausea
- feeling light-headed or dizzy
- pins and needles
- feeling restless or unable to sit still
- headaches, backache or other aches and pains
- faster breathing, thumping, racing or irregular heartbeat
- sweating or hot flushes
- finding it hard to sleep
- grinding your teeth
- needing the toilet more or less often
- changes in sex drive
- having panic attacks











Physical activity & mental health (recap)

- There is growing evidence that being more active is associated with decreased risk of depression and anxiety during or after pregnancy (Davenport, et al., 2018)
- More research is needed to identify how physical activity protects against these mental health problems. It is likely to be a combination of physical and psychological effects, for example;
 - Mood-boosting hormones released during exercise
 - Improved sleep quality
 - Distraction from worries & negative thoughts
 - Staying connected to aspects of pre-pregnancy identity
 - Social support











Physical activity & mental health (recap)

- Symptoms such as tiredness, difficulty concentrating or remembering to do things, poor sleep and low self-esteem can make it more challenging for those experiencing mental health problems to be consistently active.
- It is really important these individuals do <u>not</u> feel added pressure to be active.
- The focus should be on activities that make them feel good, acknowledging that sometimes a bath, a nap, or meeting a friend will be the right thing for them.





Physical activity & mental health (recap)

Most importantly:

- Emphasise that feeling low and experiencing depression or anxiety is not unusual
- Encourage them to disclose to their healthcare professional and/or seek mental health support

https://www.mind.org.uk/information-support/types-of-mentalhealth-problems/postnatal-depression-and-perinatal-mentalhealth/about-maternal-mental-health-problems/#.XFgvWM 7Q8a













Physical activity & mental health

Two recent meta-analyses of PA interventions during and after pregnancy showed small to moderate effect size on postnatal depression symptoms (Carter, et al., 2019; Poyatos-León, et al., 2017)

Largest effect sizes were for women who met the clinical threshold for postnatal depression

(Poyatos-León, et al., 2017)

















Energiser break



Stress management techniques

Caring for a new baby is a lot of hard work and will always cause some stress

These simple techniques can help a busy parent to manage their stress

- Cognitive reappraisal when things go wrong, try to find a positive perspective (is there a silver lining, or a lesson to learn?) or look at the situation more objectively (is it as bad as you think?)
- Manage your media reduce exposure to news stories, articles or social media that make you worry or feel like a bad parent
- Seek out support we have not evolved to raise children alone. Find local or online groups, use friends & family, and reach out to professionals













Stress management techniques

- Allow more time, for everything! everything takes longer with a tiny person, allowing for this will make journeys and activities less stressful & more enjoyable. Reduce your commitments & plans if needed.
- Journaling taking some time to write down your thoughts and feelings can help you process your day, gain perspective, and shift your focus to the positives. It can also help you remember the precious moments you might otherwise forget.
- Get into nature there is growing evidence for what we have instinctively known for millenia, nature makes us feel relaxed and happy. Find a green space where you can walk or sit, even if it is small, and visit regularly.











Relaxation exercises

- It may seem impossible to 'relax' when caring for a baby, but just a few minutes can make a difference
- This simple exercise can be done when baby is sleeping or being looked after, or even during feeding. Once older, you can teach them.
 - Sit or lie somewhere quiet and comfortable
 - Close or de-focus your eyes
 - Bring your attention to your breath, start to notice the feeling of your chest and belly inflating and deflating
 - Count your breath in, and count your breath out
 - Gradually try to increase the length of breath in, and out, counting each breath
 - When you reach a long steady breath, continue for a set number of breaths (e.g. 10, 15)
 - When completed, slowly blink the eyes, acknowledge that you have taken time for yourself, and move on with your day







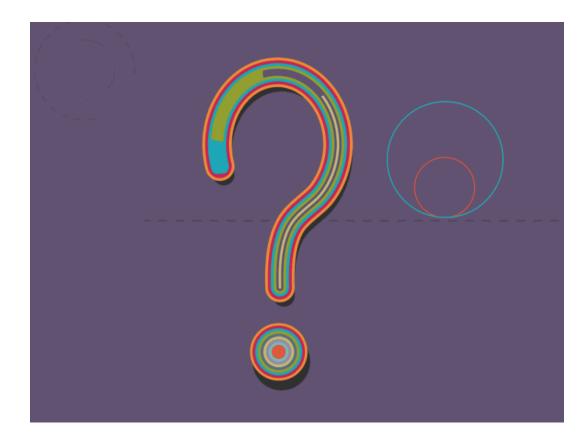


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Questions















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