Nursing Guidelines for Childrearing Support in Older Primiparas in the First Month Following Childbirth

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1. The Guidelines: An Overview

1.1 Objectives
These Guidelines comprise a set of nursing care recommendations for the childrearing support required especially by older primiparas during the first month following childbirth. By augmenting the standard care provided by professional nurses with recommended care through the first month following childbirth, the Guidelines aim to help primiparas aged 35 and older more smoothly adapt themselves physically and psychosocially to the childrearing stage of life and achieve a pleasurable experience with childrearing.

1.2 Philosophy and Foundational Ideas
These Guidelines are consistent with fundamental nursing principles and provide for individualized care with a focus on the mother and child. A spirit of caring (respect and protection) forms the foundation for these Guidelines. Professional nurses accept and respect the hopes and values as well as the individual physical and psychosocial status of older primiparas, are fully supportive of the mother and newborn infant, and strive to guarantee the dignity and rights of the individual mothers under their care. Whether a mother is an older primipara is only one of multiple factors for assessment. It is in no way utilized as a guideline for the stereotypical categorization of older primiparas or the provision of uniform care. Professional nurses value the importance of demonstrating a proactive interest in the individuality and aspirations of older primiparas, building ties of trust with mothers under their care, reaching out to the mother and child and their family members, serving as a source of strength for women preparing for motherhood, ensuring the safety and comfort of the mother and child with confidence in the vital life force of the newborn infant, and supporting the transition to motherhood together with the developmental growth of the infant.

1.3 Background
In 2011, the average age of women giving birth to their first child was 30.1 years in Japan.1 Of the total, 88,312 were primiparas. According to the “Maternal and Child Health Statistics,”1,2 older primiparas represented 3.3 percent of all women that gave birth in 2001. However, in 2011, their corresponding share of the total had risen sharply, to 8.4 percent. Several factors are assumed to be behind this growth trend. They include widened participation by women in the workforce, a tendency to marry at a later age, and advances in assisted reproductive technology.

As a group, older primiparas face a higher risk of having miscarriages and premature births, low-birth-weight infants, and fetuses with congenital anomalies, among other problems,3,4 and are
provided with continuing care and medical management during their pregnancies. However, unless abnormalities are observed in the mother or child during the postpartum period, even older primiparas will be placed on the same clinical path of treatment afforded to mothers of other age groups following childbirth; no guidelines for the provision of special care have been drawn up either in Japan or abroad.

A substantial body of research on postpartum maternal health has been focused on the subjects of postpartum depression, childcare anxiety, and fatigue. Postpartum depression and childcare anxiety have been cited as a higher risk in primiparas than in multiparas. Further, regarding risk factors for postpartum depression, mothers aged 35 and older are at higher risk than mothers in the 25-to-34 age group. Also, mothers who have trouble with breastfeeding are at higher risk. Additionally, the effects of postpartum fatigue, its correlations with insomnia, and their impact on mother-infant interaction have all been cited as factors behind postpartum depression. However, few research findings are available on older primiparas for whom age is likely to affect their postpartum recovery or health.

It is assumed that the maternal experience varies with the age of the mother, her birth experience (primipara or multipara), educational background, and other attributes. Nonetheless, because almost all measurement tools designed to assess the maternal experience for postpartum primiparas in puerperium have been developed and tested on mothers in relatively young age groups, the issue of age has not been taken into consideration. Although it has been demonstrated that mothers that deliver their first child in their teens have difficulty attaining a maternal role, few studies have examined the maternal experience or nursing care needs of older primiparas.

Many older primiparas in Japan are women that have conceived with assisted reproductive technology or women with relatively important social positions or roles. Many have no experience with childcare or parent role models their age within their circles. Many have partners or parents who are older and cannot provide childrearing support. They are first-time mothers but their social setting makes it difficult to obtain appropriate childrearing support. In addition, women in this group exhibit a relatively high incidence of abnormal deliveries including caesarean sections. They are more likely to experience difficulties with postpartum recovery and breastmilk secretion as a result of their age. They are expected to face accumulated postpartum fatigue, a slow recovery from childbirth, and difficulty in attaining their maternal roles. Furthermore, they are considered to be at a higher risk for postpartum depression. In view of this situation, we pointed out the value of having childrearing support guidelines from a nursing care perspective for older primiparas.
through their first month postpartum, and set out to develop those guidelines on the basis of research data.

These Guidelines were the culmination of a research project on “Developing nursing guidelines for childrearing support in older Japanese primiparas” (Emi Mori, principal investigator), theme LS022 under the FY 2010-2013 Funding Program for Next Generation World-Leading Researchers. Drawing from the relevant research literature in Japan and abroad as well as the findings from our own research projects, “Longitudinal study of maternal physical and psychosocial well-being and daily activities during the 4 months postpartum” (Study 1) and “Cohort study of maternal physical and psychosocial well-being during the 6 months postpartum” (Study 2), we identified postpartum health issues for older primiparas and compiled a set of clinical questions (CQs) for the preparation of these Guidelines. We then extracted evidence from a systematic review of each CQ, pursued further study in accordance with the reference materials from the Clinical Practice Guidelines Development Workshop (provisional version, 2013) sponsored by the Medical Information Network Distribution Service (Minds), and through consultations, compiled a set of recommendations.

1.4 Objectives and Scope of the Guidelines
1.4.1 Guideline Objectives and Recommendations
These Guidelines are aimed at nursing staff involved in the provision of perinatal healthcare and welfare and comprise a set of recommendations for the evidence-based care of primiparas 35 years of age or older (collectively, “older primiparas”) in the first month following childbirth. We postulate that the provision of care tailored to the circumstances of older primiparas and their family members in keeping with these Guidelines will have the following benefits:

- Facilitate the prevention of accumulated fatigue following childbirth.
- Boost the breastfeeding ratio in mothers that desire to breastfeed their infants.
- Mitigate postpartum physical symptoms (e.g., stiff shoulders, back pain, tenovaginitis).
- Facilitate the prevention of symptoms of postpartum depression.
- Give mothers confidence and satisfaction in their maternal role.

1.4.2 Scope of the Guidelines
【Mothers covered by the applicable scope of these Guidelines】
- Japanese primiparas aged 35 years or older and in the first month following birth of a single child
- Mothers and infants that display no serious abnormalities following childbirth (and are capable
of direct breastfeeding during their hospital stay and rooming in)

【Mothers outside the applicable scope of these Guidelines】
・Primiparas under the age of 35 and women that have given birth to two or more children
・Women who are pregnant or in labor, or mothers beyond the first month postpartum
・Mothers with medical complications requiring special care
・Mothers who have given birth to multiple infants
・Foreign residents in Japan

1.4.3 Expected Practitioners and Clinical Settings for These Guidelines
It is anticipated that these Guidelines will be utilized by the following facilities and practitioners:
(i) midwives and nurses at medical clinics, birth centers, general hospitals, and maternity hospitals that handle childbirths; (ii) public health nurses at community health centers, and public health nurses and midwives conducting home visits.

1.5 Relevance with Existing Guidelines
Japan already has the following guidelines for care in the perinatal field: “Evidence-based guidelines for safe and comfortable pregnancies and childbirths” (2013), “Guidelines for obstetrics care” (2011), and “Evidence-based guidelines for midwifery care” (2013). Additionally, the “Ten Steps to Successful Breastfeeding” issued by WHO/Unicef in 1989 comprise a set of evidence-based guidelines for medical practitioners that are aimed at ensuring the success of infant feeding solely with breastmilk; these are now in widespread use worldwide and reflect the findings of research including studies conducted in Japan. Another set of guidelines are the “Evidence-based guidelines for breastfeeding management during the first fourteen days” (2003). Furthermore, the National Institute for Health and Care Excellence in the UK in 2006 published its “NICE guidelines CG37 for postnatal care” (guidance.nice.org.uk/cg37.), a set of postnatal care guidelines prepared for medical professionals working in England and Wales. Although these varying sets of guidelines are not specifically intended for the care of older primiparas, they have already been prepared on the basis of appraisals of existing evidence. However, Japan itself has virtually no guidelines in place for postnatal care. To address that situation, we believe the existing sets of guidelines cited above can be instructive or directly applied with consideration for the distinguishing circumstances of older primiparas in Japan.

1.6 Persons Involved in the Preparation of these Guidelines
The members of the team that prepared these Guidelines were also members of the research group engaged in the research project on “Developing nursing guidelines for childrearing support in
older Japanese primiparas” (Emi Mori, principal investigator), theme LS022 under the FY 2010-2013 Funding Program for Next Generation World-Leading Researchers. That research group included two members experienced with postnatal home visits as midwives and public health nurses; one member with experience as a public health nurse involved in the medical examination of infants; three professional nurses that themselves gave birth to their first child at or over the age of 35; and one midwife with international certification as a lactation consultant. Also, as detailed later, during the process of drawing up these guidelines we also pursued research on older primiparas and in preparing the recommendations, engaged in consultations with orthopedic specialists and designated mental health practitioners.

2. Guideline Development Phase and Methods

We performed three studies (Study 1, Study 2, and Study 3) to aid the development of these Guidelines. The development phase itself lasted from February 2011 to March 2014. Drawing on the findings of Study 1 (“Longitudinal study of maternal physical and psychosocial well-being and daily activities during the 4 months postpartum”), we embarked on Study 2 (“Cohort study of maternal physical and psychosocial well-being during the 6 months postpartum”) and accordingly shed light on the childrearing support needs of older primiparas in the first month following childbirth. In parallel with these efforts, as our theme for Study 3, we prepared clinical questions (CQs), collected evidence, and performed systematic reviews in line with procedures set forth in reference materials for the earlier-cited Clinical Practice Guidelines Development Workshop (provisional version, 2013). With the findings from these research undertakings as evidence, we compiled a draft of our guidelines for childrearing support. We then sought more-detailed views and opinions from specialists and laypersons, submitted to an external AGREE II assessment, and prepared a set of highly versatile care guidelines for clinical use. In the interest of facilitating the provision of care with a mother-child focus, we gathered data on the hopes and values of older primiparas from a broad range of sources and reflected that information in the Guidelines. We did not find any research paper on the economic disadvantages associated with implementation of guideline content.
3. Recommendations

CQ 1. What types of care should be provided to older primiparas in the first month following childbirth to prevent accumulated fatigue?

**[Care during the period from postnatal hospital-stay through the first month following childbirth]**

- To help shorten the amount of time required to put the infant to sleep after nursing, during the postnatal hospital-stay, assist mothers wanting help with breastfeeding preparations and clean-up, breastfeeding in the side-lying position (for mothers that desire to breastfeed), and carrying the infant to and from the mother’s room for breastfeeding.

However, in compliance with the Unicef UK publication, “Sharing a bed with your baby – a guide for breastfeeding mothers,” nurses that assist mothers with breastfeeding in the side-lying position should be careful to ensure that the infant is not exposed to suffocation, compression, strangulation, or falling from the bed during the application of this feeding method. Convey to the mother that breastfeeding in the side-lying position has the benefit of helping to alleviate fatigue but also adequately explain the risks and cautions that should be heeded when breastfeeding in this position. If the mother understands the aforementioned points and chooses to breastfeed in the side-lying position, the nurse should provide bedside assistance and monitoring at all times to ensure that the mother is able to safely breastfeed with this method. Additionally, following discharge from the hospital, the mother should be cautioned specifically against falling asleep while nursing the infant, and other family members should be informed that the mother will breastfeed the infant in the side-lying position. After nursing, the infant should be returned to his or her own cot or baby bed.

[Strength of recommendation: 2D]

- Provide mothers with informational booklets describing the factors that influence postnatal fatigue (infections, insufficient rest during the day, trying to do everything oneself, interruptions of nightly sleep, pain from injuries, stress over one’s new role, anemia, social activities) and ways to cope with them. Set aside time with each mother to discuss methods of coping. During follow-up home visits after hospital discharge, discuss the condition of the mother.

[Strength of recommendation: 1C]
Convey to the mother the benefits to be gained from sharing her own thoughts and expectations about childrearing with others around her. Offer advice that will help her gradually accustom herself to the childrearing role and establish a balanced rhythm of life with the infant and other family members.

[Strength of recommendation: 1D]

Mothers that cannot readily receive instrumental support from immediate family members with household work or childcare should be informed of postnatal care services, postnatal helper deployment services, and other public services subsidized by their local governments.

[Strength of recommendation: 2D]

Because the mother is likely to experience a heavier sense of psychological fatigue in the first month following childbirth, explain to her husband or partner the importance of appraisal support including voiced recognition of and praise for her persistence and advise that such expressions of support be put into practice.

[Strength of recommendation: 1D]

CQ 2. What forms of care should be given to older primiparas to encourage breastfeeding during the first month following birth of a single child?

**[Care during the period from postnatal hospital-stay through the first month following childbirth]**

- Show respect for the mother’s expectations and values regarding feeding methods.

  [Strength of recommendation: 1D]

- Should a mother desire to breastfeed, arrange for her and her newborn child to room-in from the day of birth regardless of the mode of delivery employed, and be able to feed on demand, as often as the child wants (at least eight times per day). Note, however, that this arrangement should be pursued with attention to the mother’s state of fatigue. Also, even if the mother is unable to nurse with breastmilk alone during the postnatal hospital-stay, explain the importance of continuing to frequently breastfeed after being discharged from the hospital.

  [Strength of recommendation: 1D]

- To encourage continued breastfeeding, provide the mother with information on the availability of phone-based breastfeeding peer support.
Note: Peer supporters are supporters of breastfeeding that are in the same position as the mother (e.g., other mothers with childbirth experience).

- To help boost the breastfeeding ratio, provide phone-based lactation counseling approx. twice a month with professional nurses that have completed training based on WHO learning programs.

- To encourage continued breastfeeding through the first month following childbirth, schedule time for discussions with each mother to help her prepare for discharge from the hospital and obtain needed information on childrearing as well as help with her childrearing and household tasks from family members and friends.

CQ 3. What forms of care should be given to older primiparas within the first month following birth of a single child to help alleviate postnatal physical symptoms they may experience?

Stiff shoulders

[Care during the period from postnatal hospital-stay through the first month following childbirth]

- Given that stiff shoulders can have diverse causes, treat the condition taking heed that it could be a symptom of high blood pressure or some other underlying disorder.

- Carefully observe the mother’s posture when holding or nursing her infant. Ask her about the time periods, activities, and postures she associates with her stiff shoulders in her day-to-day life, and recommend remedial measures for improvement.

- A mother that complains of intense anxiety or stress should be assisted with gaining the ability to confidently hold and nurse her child with an improved posture.

- Recommend that the mother refrain from maintaining the same posture for long periods. Try
to stretch her back and perform other stretching exercises at least once every hour.

[Strength of recommendation: 1D]

● Explain to the mother the importance of lying down and resting to relieve strain and fatigue in her shoulders and not overworking herself after discharge from the hospital. Assist her with regaining her ability to rest.

[Strength of recommendation: 1D]

Back Pain

[Care during the period from postnatal hospital-stay through the first month following childbirth]

● Inquire in detail about the location and intensity of the back pain, when the symptoms began to manifest, the postures or activities that aggravate it, and the mother’s medical history, and determine whether she requires a medical exam. Explain the symptoms that would indicate the need for a medical exam.

[Strength of recommendation: 1D]

(See reference materials on page 90.)

● Explain the importance of avoiding undue stress or strain after discharge from the hospital. To mitigate the burden on the mother’s lower back and hips from holding her infant in her daily life, caution her to avoid certain types of routine motions, including bending or rotating her body.

[Strength of recommendation: 1D]

Tenovaginitis

[Care during the period from postnatal hospital-stay through the first month following childbirth]

● During the postnatal hospital-stay, cases of tenovaginitis are more frequently observed in older primiparas than in younger primiparas or multiparas, and the prevalence of symptoms climbs sharply during the first month postpartum. In view of these risks, inquire in detail with the mother about the location and extent of pain and swelling, whether she feels any sensations of heat, when the symptoms began to manifest, the physical movements or wrist positions that aggravate the symptoms, and the mother’s medical history, and provide care accordingly.

[Strength of recommendation: 1D]
Provide the mother and her family with information on the increased prevalence of symptoms during the first month following childbirth and ways to cope, including localized resting of the affected area(s) and the alleviation of fatigue.

[Strength of recommendation: 1D]

CQ 4. What forms of care should be given to older primiparas within the first month following birth of a single child to help prevent postpartum depression?

【Care during the postnatal hospital-stay period】

- Utilizing the Edinburgh Postnatal Depression Scale (EPDS; Japanese version), screen the mother for symptoms of postpartum depression during the postnatal hospital-stay and assess whether she is at risk. However, if the mother refuses to answer the EPDS (Japanese version) questionnaire, provide her with individualized care.
  
  Note: The EPDS is a questionnaire utilized to assess symptoms of postpartum depression.
  
  [Strength of recommendation: 2D]

- Should the mother exhibit any warning signs, let her know that she can consult with the nursing staff at any time about even the most trivial matters. Until the new mother is discharged from the hospital, nurses will have opportunities to discuss with her about the following details. Use these questions to assess whether she is at risk of postpartum depression.
  
  - Has she experienced any undue difficulties during her hospital stay?
  - Does she have any concerns about her child’s health or care?
  - Does she have any concerns about life after discharge from the hospital?
  - Is there anything about her childbirth experience that she wants to discuss (particularly if she delivered via emergency caesarean section)?

  [Strength of recommendation: 1D]

- If the mother receives an EPDS (Japanese version) score of 9 points or higher, conduct at least one nursing interview with her during her postnatal hospital-stay.

  [Strength of recommendation: 1A]

- If the mother receives an EPDS (Japanese version) score of less than 9 points but any of the following conditions apply, conduct at least one nursing interview with her before she completes her postnatal hospital-stay.
On the EPDS (Japanese version) questionnaire, the mother answered in the affirmative in response to Question 10, which asks, “The thought of harming myself has occurred to me.”

- The mother has a medical history of mental disorder.
- The mother herself has requested a nursing interview.

[Strength of recommendation: 1A]

- If deemed necessary following the nursing interview(s), refer the mother for counseling or consultation with a psychiatrist.

[Strength of recommendation: 1D]

**[Post-hospital-stay care through the first month following childbirth]**

- Between her hospital discharge and one-month health examination, make an in-person visit to the home of, or contact by phone, a new mother that has undergone a nursing interview during her postnatal hospital-stay, and discuss the following questions with her. Based on the findings of this discussion, provide follow-up support that reflects the new mother’s needs.
  
  - Has she experienced any undue difficulties with daily life?
  - Does she have any concerns about her child’s health or care?
  - Have family members and others around her acknowledged and praised her for her efforts?
  - Do her family members and others around her listen to her complaints or concerns?
  - Has she received the childrearing information she needs?
  - Is she satisfied with the assistance she has received with her childrearing and household tasks?

[Strength of recommendation: 1B]

CQ 5. What forms of care should be given to older primiparas within the first month following birth of a single child to foster confidence in and satisfaction with their maternal role?

**[Care during the postnatal hospital-stay period]**

- Gather information on whether the mother has any prior experiences with caring for infants under one year of age, had any complications during pregnancy or childbirth (hyperemesis, threatened premature delivery, or induced or accelerated delivery), and has been satisfied with her birth experience, and also ask about the values and expectations she has regarding her maternal role.
After explaining the benefits and drawbacks of rooming-in or separate care, if requested by the mother, assist in making arrangements for 24-hour rooming-in while confirming that she is not feeling overwhelmed by postpartum routines during her hospital-stay and assuring that she will be able to get enough sleep at night.

Help the mother smoothly achieve all the tasks involved from feeding to putting her infant to sleep.

Confirm whether the mother is able to have a discussion with her husband/partner about sharing housework and childrearing tasks, and encourage the couple to have a discussion if the mother so wishes.

Confirm whether the mother is able to receive assistance with her housework and childrearing tasks after discharge from the hospital, and make arrangements so she can receive such support from her family members. If the mother is unable to receive enough support from her family, provide her with information on the postnatal care services (e.g., helper deployment services and postpartum care centers) that she can use.

Post-hospital-stay care through the first month following childbirth

If, during her postnatal hospital-stay, a mother demonstrates a lack of confidence in her maternal role or low satisfaction with her status as a new mother, follow up in compliance with her wishes after her discharge from the hospital. Consult with or support her and her family members in assuring that she receives enough support with her housework and childrearing tasks to avoid excessive strains from daily life.

Confirm whether the mother is able to smoothly handle the tasks from nursing to putting her infant to sleep, is able to get enough sleep at night, is not overstrained by the burdens of daily life, and has had opportunities to discuss sharing household and childrearing duties with her husband (partner). Provide counseling and assistance as necessary.
• Confirm whether the mother has someone near her to listen to her complaints and concerns. Provide counseling and assistance aimed at assuring that she will be able to utilize support that fits her needs.

[Strength of recommendation: 1D]

• Provide assistance that harnesses the internet to facilitate real-time information-sharing by groups of mothers and utilize opportunities for consultations with specialists.

[Strength of recommendation: 2C]

• If requested by the mother, arrange home visits by nurses/midwives to assist with infant nursing and other tasks.

[Strength of recommendation: 2C]

4. Conclusions and the Limitations of Research

These Guidelines are noteworthy as recommendations for care reflective of the childrearing needs of older primiparas in Japan and, in principle, are intended to facilitate assistance with the childrearing tasks of low-risk mothers that have given birth to single infants following full-term pregnancies.

Utilizing older Japanese primiparas resident in the Kanto and Kansai metropolitan areas of Japan as representative samples, this study sought to shed light on the childrearing assistance needs of older primiparas. Accordingly, some of its findings may not be applicable to older primiparas that reside in rural or fishing communities or that have families comprising two or more generations.