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Review Article

Maternal wellbeing: a concept analysis

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ABSTRACT

Pregnancy and childbirth cause many physiological, psychological and social changes thus it is considered as critical period in every woman's life. Wellbeing during perinatal period is influenced by many factors as it is a unique and complex process. Therefore, importance of conceptualizing concept of maternal wellbeing has recently gained attention. Objective of study is to provide more precise definition of concept maternal wellbeing. Walker and Avant method of concept analysis, was adapted to facilitate concept analysis on maternal wellbeing. Electronic bibliographic database was searched to identify the published paper related to the maternal wellbeing; which includes: (Google scholar, PubMed, Taylor and Francis, Ovid) and websites (WHO, Maternal and child health bureau (MCHB), NHM). By undertaking a detailed literature review attributes, antecedents, consequences and empirical referents of maternal wellbeing were identified. The attributes of maternal wellbeing during perinatal period includes: cognitive/affective self-evaluation of life, and multidimensional elements (physical, social, psychological, economical. This concept analysis will provide new insight into maternal wellbeing concept used for midwives and nurses in their practice. Also, findings can help expand or develop theories and models for improving maternal wellbeing during perinatal period.

Keywords: Maternal, Wellbeing, Concept analysis

INTRODUCTION

Pregnancy and childbirth are a critical time period in women's life as women experience numerous physical, psychological and social changes. Ineffective coping and adaptation to such changes can cause several problems, therefore maternal wellbeing is considered vital for optimal maternal-child outcome.¹

Maternal wellbeing refers to integrated physical, psychosocial health of mother during antenatal, childbirth and postnatal period. Maternal wellbeing consists of physical and psychosocial health. Physical health includes ability to perform activity of daily living without undue fatigue, healthy behaviour such as intake of nutritious food, regular exercise, healthy sleeping habits; Whereas psychosocial health includes positive emotions such as

satisfaction, feeling cheerful and energetic, absence of negative emotions (depression, anxiety), supportive relations, social connectedness during perinatal period. Therefore, each phase of perinatal period should be a positive experience for mother, to ensure favourable maternal and neonatal outcome.²

Maternal wellbeing is a complex and multidimensional phenomenon which can influenced by wide variety of factors such as changes in body and functioning, social relations and support of family, increase challenges due to role change, availability and utilization of healthcare services.² Wellbeing can vary from positive to negative throughout maternity continuum. Poor maternal wellbeing can have lifelong detrimental consequences for mother health and also can have tremendous impact on the

children psycho-social development, quality of parenting behavior and family dynamic.³

Maternal wellbeing is usually considered as physiological, emotional or psychological wellbeing rather than a comprehensive approach.⁴ Physical and psychosocial problems during perinatal period can have significant negative and long-term impact on mother's health and wellbeing that is likely to influence outcome of the pregnancy as well as neonate's health.⁵

This concept analysis aims to assess how women's wellbeing is defined, researched and conceptualized during perinatal period. Maternal wellbeing is an important concept to identify women and family requiring additional support. Supporting women's wellbeing can therefore have long lasting and wide-ranging benefits.⁶

FRAMEWORK FOR CONCEPT ANALYSIS: MATERNAL WELLBEING

There are numerous frameworks available to direct the concept analysis. Walker and Avant method of concept analysis, 2011 was adapted to facilitate this concept analysis as it is more comprehensive. Adapted model includes following steps given in Figure 1.

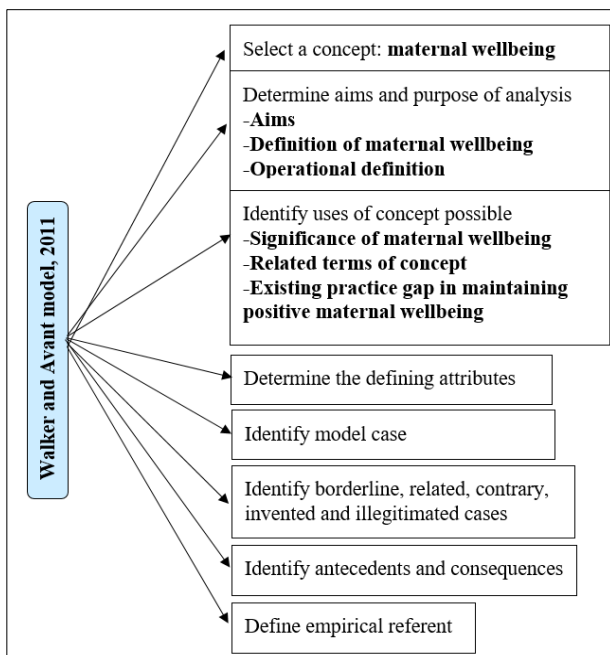


Figure 1: Framework for concept analysis.

Data sources

Database (Google scholar, PubMed, Taylor and Francis, Ovid) and websites (WHO, Maternal and child health bureau (MCHB), NHM) was searched online for data related to maternal wellbeing. The medical subject heading (MeSH) was “maternal”, “perinatal”, “mother”, “wellbeing”, “well-being”, “health”, “wellness”,

“comfort”, “concept analysis”, Boolean operators (“OR” and “AND”) were used to connect keywords (Maternal OR Perinatal), (Wellbeing OR Wellness OR Comfort AND Health). Selected studies also reviewed for additional evidences through list of references given. Four steps of Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) guidelines, 2020 was used to report literature search.

STEP-I SELECT A CONCEPT: MATERNAL WELLBEING

Maternal

The word maternal comes from the Latin word Maternus, means “mother” which use to describe state of being mother who procreate and provide care to child.⁷

Wellbeing

The wellbeing term coined from Italian word Benessere, which means “wellness”. Wellbeing is complex combination of individual physiological, psychological, social and emotional health; strongly and directly linked to life satisfactions.^{8,13}

Origin of the concept maternal wellbeing

During 1632-1704, John Locke explained the concept of wellbeing. In 1984, Diener synthesized the word wellbeing and gave three related components such as positive affect, infrequent negative affect and life satisfaction.⁹

STEP-II DETERMINE AIMS/ PURPOSE OF CONCEPT ANALYSIS

The aims of the present concept analysis were: to distinguish between ordinary and scientific significance of maternal wellbeing, and to clarify the concept of maternal wellbeing and provide an operational definition.

Operational definition of maternal wellbeing

The term “maternal wellbeing” includes individualized experience of mothers during pregnancy, childbirth and postpartum period which include positive physical and mental health, ability to seek healthcare services, perception and adaptation of maternal role, ability to care for self and newborn baby.¹⁰

STEP-III IDENTIFY USES OF CONCEPT: MATERNAL WELLBEING

Significance of maternal wellbeing

It is important for health and wellbeing of both mother and baby, reduces risk of complication during perinatal period, encourage optimal growth of fetus, and reduces risk of neonatal morbidity and mortality.¹¹

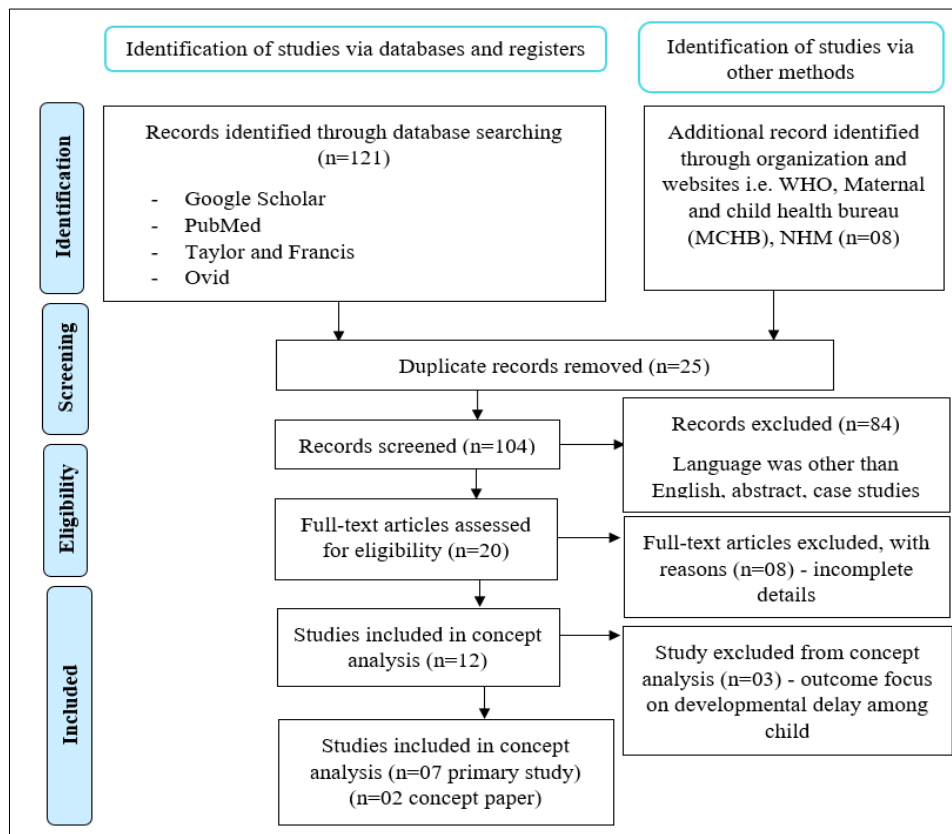


Figure 2: PRISMA, 2020 literature search flow chart.

Related terms of maternal wellbeing

Terms that are often used interchangeably with the maternal wellbeing are as follows.

Perinatal wellbeing refers as health of women before, during and after birth.

Maternal wellness refers as the action taken to adapt healthy practices by mothers to achieve physical and psychological health for improved maternal and newborn outcome.¹²

Maternal health refers to positive experience of women during pregnancy, childbirth and postnatal period; ensuring women's full potential for health.¹²

Maternal comfort refers as positive state of relief.

Existing practice gap in maintaining positive maternal wellbeing such as lacking cultural and social sensitivity, absence of accountability and evaluation, scarcity of resources, and insufficient motivation.¹²

STEP IV- DETERMINE THE DEFINING ATTRIBUTES

Following attributes of maternal wellbeing were identified as cognitive/affective self-evaluation of life,

multidimensional elements (physical, social, psychological, economical).^{14,15}

STEP V- IDENTIFY MODEL CASE

As per Walker and Avant, 2011 model case includes all the defining attributes. The following case explained "model case". Mrs. X is primigravida mother who lives with her husband and son. Her son is 28 days old (postnatal period). Mrs. X feel life more meaningful after the birth of baby as her baby is depended on her for everything (cognitive self-evaluation). Mrs. X familiarize her son to her friend (social dimension). She feels relaxed and happy while caring for her son (affective self-evaluation). She uses to do relaxing and gentle exercises (physical dimension).¹⁶

STEP VI- IDENTIFY BORDERLINE, RELATED, CONTRARY, INVENTED AND ILLEGITIMATED CASES

Borderline case contains most of the defining attributes but not all of them. The following case explained "borderline case". Mrs. A is in second trimester (maternity period) and belongs to Hindu brahmin family (spiritual dimension). Mrs A and her husband were excited for this pregnancy (psychological dimension) as they were planning for this pregnancy since so long. They were saving portion of money from their salary for delivery expenditure (economical dimension). Mrs. A always kept herself active

for uncomplicated and smooth delivery process (physical dimension).¹⁶

Related case contains ideas similar to main concept, but if examine closely it does not contain defining attributes. The following case explained “Related case”. Mrs. Y believes that becoming mother would be most fulfilling part of life (cognitive self -evaluation). She has learned to care for child by helping her sister-in-law in bathing, feeding and dressing her neonates (physical dimension). This caring process develop a good bond with sister-in-law and her baby (social dimension).¹⁷

Contrary case does not contain any defining attributes, so clearly it is not the concept. The following case explained “contrary case”. Mrs. B is a 65-year-old (contrary to maternity period) admitted to cancer hospital as she is suffering from breast cancer stage III (physical dimension). She need assistance for self-care (contrary to optimistic psychological dimension). Her family member was not supportive enough (contrary to social dimension). Mrs. B is often left in hospital for longer period of time (contrary to social dimension). She has no one to feed herself (contrary to physical dimension).¹⁷

Invented case is constructed but not exist in real life. The following case explained “invented case”. Mrs. S is a pregnant woman from another planet (maternity period). She has been on earth for more than one year with her partner Mr. P. They were living with human and having many friends on the earth (Social dimension). She stated that she was scared when reach on earth from another planet (psychological dimension). She is very much happy as she receives good maternity care at earth (physical dimension).¹⁸

Illegitimated case is where concept is used in another context. The following case explained “illegitimated case”. Mrs. D is married and 20 weeks pregnant. Her friend use to say that I wish we also feel well like you during your pregnancy. I am so jealous. But Mrs. D is not happy after conceiving the baby as she thought that she will be trapped after the birth of baby but she can't share with anyone that she is not happy with current pregnancy.^{16,19}

STEP VII- IDENTIFY ANTECEDENTS AND CONSEQUENCES

Maternal adaptation, satisfaction, maternal role competence, social readjustment, attachment are the antecedents of maternal wellbeing; whereas consequences of maternal wellbeing is positive and negative effect on maternal and newborn health.²⁰

STEP VIII- DEFINE EMPIRICAL REFERENT

Maternal wellbeing is complex concept; therefore, there are many empirical referents. Wellbeing can be assessed through psychological assessment (satisfaction, self-esteem, mood, happiness, self-worth, quality of life) and

physical assessment (pain, perceived ill health). Thus, while defining empirical referents multidimensional approach is needed.^{14,15}

CONCLUSION

Women face many challenges due to biopsychosocial changes during perinatal period. Evaluating maternal wellbeing and knowing its effect on unborn baby is a special concern for improving health of both mother and future child. Researching physiological, social, psychological and emotional aspect of pregnancy, childbirth and transition to parenthood will improve the knowledge of researcher in the given field.

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