



## Patient-provider communication, maternal anxiety, and self-care in pregnancy



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### ABSTRACT

**Rationale:** Favorable relationships with health care providers predict greater patient satisfaction and adherence to provider recommendations. However, the specific components of patient-provider relationships that account for these benefits have not been identified. The potential benefits of strong patient-provider relationships in pregnancy may be especially important, as care providers have frequent, intimate interactions with pregnant women that can affect their emotions and behaviors. In turn, prenatal emotions and health behaviors have potent effects on birth outcomes.

**Objective:** This study investigated whether pregnant women's relationships with their midwives predicted better self-care. Specific components of the patient-provider relationship (communication, integration, collaboration, and empowerment) were examined. We also investigated a mechanism through which these relationship components may be associated with salutary health behaviors: by alleviating women's anxiety.

**Methods:** In total, 139 low-risk patients of a university-affiliated midwifery practice in the northeastern United States completed well-validated measures assessing their relationship with midwives, state anxiety, and prenatal health behaviors in late pregnancy; state anxiety was also assessed in mid-pregnancy.

**Results:** Women's perceptions of better communication, collaboration, and empowerment from their midwives were associated with more frequent salutary health behavior practices in late pregnancy. Controlling for mid-pregnancy anxiety, lower anxiety in late pregnancy mediated associations of communication and collaboration with health behavior practices, indicating that these associations were attributable to reductions in anxiety from mid- to late pregnancy.

**Conclusion:** Results substantiate that benefits of patient-provider relationships in pregnancy may extend beyond providing medical expertise. Some aspects of patient-provider relationships may offer direct benefits to pregnant women in promoting better health practices; other aspects of these relationships may indirectly contribute to better health practices by alleviating negative emotions. The benefits of strong midwife relationships may derive from the reassurance, comfort, and warmth these relationships offer, as well as the information and education that midwives provide to their patients.

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### 1. Introduction

Patient-centered care is a hallmark of high quality healthcare

(Institute of Medicine, 2001). Care that is patient-centered strengthens the patient-provider relationship by encouraging communication, providing information, and facilitating patients' involvement in their own care (Epstein et al., 2005; Lewin et al., 2001; Mead and Bower, 2000). Engaging patients as active participants in their health care often improves treatment outcomes and results in greater satisfaction (Levit et al., 2013).

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Ideal patient-provider relationships involve a trusting connection that can be achieved through effective communication, establishment of cooperatively created treatment goals, and patient participation in the decision-making process (Kim et al., 2001). Various studies demonstrate that strong patient-provider relationships are associated with greater patient satisfaction (Hall and Dornan, 1988; Stewart et al., 1999) and adherence to clinician recommendations (Cooper and Roter, 2002; Fuertes et al., 2007; Lekas et al., 2016; Stewart, 1995). However, there is little consensus regarding the particular components of patient-provider relationships that account for these benefits (Epstein et al., 2005; Lewin et al., 2001; Mead and Bower, 2000).

### 1.1. Patient-provider relationships during pregnancy

Strong patient-provider relationships may be especially important during pregnancy. Pregnant women's physical status, emotional state, and behaviors are monitored closely and frequently across pregnancy by their health care providers because these are known to affect maternal, fetal, and infant outcomes, including the gestational age and weight of the infant at birth, which are strong predictors of subsequent infant, childhood, and even adult health (Betts et al., 2014; Lobel and Dunkel-Schetter, 2016; Raikkonen et al., 2007). Prenatal care typically involves frequent visits with the same providers over the course of pregnancy, offering women an opportunity to build trusting relationships with their prenatal care providers (Lori et al., 2011). Existing studies of women's prenatal care experiences focus primarily on satisfaction with the structure of care and not on women's interpersonal interactions with their care providers (Novick et al., 2012; Oakley et al., 1996; Sword et al., 2012). Yet, it is likely that trusted prenatal care providers can provide emotional reassurance, encourage better self-care and acceptance of treatment plans, and connect women to other services (Lori et al., 2011). Pregnant women value supportiveness and trustworthiness in their providers and feeling like their providers know them well (Berg et al., 1996). Women who are more satisfied with their prenatal care or feel more supported by their providers use less analgesia during childbirth, participate more in decision making, experience greater satisfaction with their care (Hodnett, 2002; Waldenström et al., 2000), deliver babies with higher Apgar scores (an indicator of newborn health status), are at lower risk of postpartum depression, are more responsive to their newborns, and have better breastfeeding outcomes (Collins et al., 1993; Hodnett et al., 2003). Yet, the mechanisms for these associations are largely unknown. It is likely that strong relationships with prenatal care providers – involving effective communication and collaboration in decision-making – offer women a sense of control and empowerment. This control and empowerment likely helps to protect women from emotional distress and encourages them to take better care of themselves. Pregnancy is a period of uncertainty that many women experience as stressful, particularly if they perceive little control over their health or over the outcome of their pregnancy (e.g., Lobel et al., 2002). Additionally, pregnant women who experience better relationships with their health care providers may be more likely to utilize information from their providers that improves outcomes. Nutritional and psychological counseling in the context of prenatal care, for example, have been shown to predict greater birthweight through reduction of target risk factors including smoking, weight gain, and psychosocial problems (Ricketts et al., 2005). Similar benefits accrue from more general health promotion information during prenatal care visits (Vonderheid et al., 2007).

The present study is one of the first investigations to examine which specific components of pregnant women's relationships with their prenatal care providers may contribute to better health

behavior practices. We measured the patient-provider relationship using the Kim Alliance Scale Revised (KAS-R; Kim et al., 2008), which assesses four distinct components of the patient-provider relationship: communication, collaboration, empowerment, and integration. These components are supported by research that establishes them as critical elements of strong patient-provider relationships (e.g., Lancet, 2012; Raine et al., 2010; Rowe et al., 2001; Stewart, 1995). Communication is characterized by provider acceptance and empathy (George, 1997). Empowerment consists of patients taking an active role in their health care (Anderson et al., 1995). Collaboration involves the establishment of mutually agreed upon goals (see review by Stacey et al., 2011), and integration entails mutual respect between patients and providers (Buchmann, 1997).

We also examined a mechanism through which these relationship components may be associated with salutary health behaviors: through fostering a better emotional state in pregnancy. Specifically, we proposed that communication, empowerment, integration, and collaboration with women's prenatal care providers would help protect against emotional distress, and that lower emotional distress, in turn, would lead women to take better care of themselves. Examining emotional and behavioral benefits of patient-provider relationships in pregnancy is vital because, as elaborated below, both maternal distress and health behaviors have potent effects on pregnancy outcomes (see Lobel and Dunkel-Schetter's, 2016, review).

### 1.2. Emotional distress and health behaviors in pregnancy

Pregnancy and birth are life transitions that entail considerable change in roles, responsibilities, and interpersonal relationships (Lobel et al., 2008a). Pregnant women also experience uncomfortable physical symptoms and unfamiliar bodily changes, and many experience fears or worries about childbirth and the health of their developing child. As a result, and in conjunction with other ongoing life stressors, women typically experience some degree of anxiety during pregnancy (Alderdice et al., 2012; Dunkel-Schetter and Tanner, 2012). There is a voluminous body of research examining anxiety in pregnant women and its deleterious effects on pregnancy outcomes and maternal and infant health (see reviews by Dunkel-Schetter and Glynn, 2011; Dunkel-Schetter and Lobel, 2012). These effects have been attributed to cardiovascular, neuroendocrine, immunological, and metabolic processes that are affected by maternal anxiety and by ensuing health behaviors (e.g., Coussons-Read, 2012; see review by Dunkel-Schetter and Lobel, 2012; Kane et al., 2014). Women who are more emotionally distressed during pregnancy take poorer care of themselves (Auerbach et al., 2014; Goedhart et al., 2009; Lobel et al., 2008b; Neggers et al., 2006; Savitz and Dunkel-Schetter, 2006). Thus, good relationships with prenatal care providers that mitigate women's anxiety during pregnancy may contribute to better self-care.

### 1.3. Prenatal care

In the U.S., women with access to good health care have as many as ten prenatal care visits across a single pregnancy: monthly until 28 weeks of pregnancy, biweekly from 28 to 36 weeks, and weekly starting at 36 weeks (Rosen et al., 1991). As recommended by the American Congress of Obstetricians and Gynecologists, these visits should include emotional support and information about health behaviors (Baron et al., 2015; see also Leiferman et al., 2014; Mauriello et al., 2011). Pregnant women report that they desire expressions of empathy and concern from their prenatal care providers (Novick, 2009) and that they expect accurate information and instruction about health behaviors

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