

The Efficacy of an Intervention for the Management of Postpartum Fatigue

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ABSTRACT

Objective: To assess the efficacy of a psychoeducational intervention, Wide Awake Parenting (WAP), to decrease symptoms of postnatal fatigue.

Design: A randomized controlled trial.

Setting: Local government areas within the Australian state of Victoria.

Participants: Two hundred and two mothers were randomly allocated to either the professionally-led telephone support intervention ($n = 63$), self-directed written intervention ($n = 67$), or waitlist control ($n = 72$).

Methods: The professionally-led group received a workbook, home visit, and three telephone support calls. The self-directed written group received the workbook only, and the control group received usual health care services. Primary outcomes were symptoms of fatigue, depression, anxiety and stress, and health care beliefs and behaviors. Mothers were followed up at 2- and 6-weeks postintervention.

Results: Mothers in the professionally-led group reported fewer symptoms of fatigue than mothers in the control condition at 6 weeks postintervention. Mothers in either intervention had more positive attitudes toward their health- and self-care behaviors at postintervention and follow-up. Mothers in the professionally-led intervention reported fewer symptoms of depression, anxiety, and stress than mothers in the other conditions at postintervention.

Conclusion: Wide Awake Parenting is effective in promoting mothers' self-efficacy to prioritize, plan for, and engage in health and self-care behaviors to promote mental health and manage fatigue. Implications and future opportunities for WAP are discussed.

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Fatigue is one of the most common complaints among women following birth and during the first postnatal year (Ansara, Cohen, Gallop, Kung, & Schei, 2005; Brown & Lumley, 1998; Glazener et al., 1995; Saurel-Cubizolles, Romito, Lelong, & Ancel, 2000). It is characterized by a pervasive sense of physical and mental exhaustion that is not easily relieved by rest or sleep (North American Nursing Diagnosis Association, 2001). Although fatigue is a nearly universal and a generally anticipated experience, new parents are often underprepared for its effects (Herbert, 1994). Fatigue has been associated with poor mental health among mothers and fathers of infants and young children (Bayer, Hiscock, Hampton, & Wake, 2007; Cooklin, Giallo, & Rose, 2011; Dennis & Ross, 2005; Giallo, Rose, & Vittorino, 2011), increased parenting stress, reduced parenting satisfaction and self-efficacy (Dunning & Giallo, 2012), and limited patience, frustration, and irritability during interactions with children (Cooklin et al.,

2011; Nash, Morris, & Goodman, 2008; Tronick & Gianino, 1986).

Given the extent to which mothers experience fatigue and the potential effect on well-being and parenting, it is surprising that few evidence-based interventions targeting the management of fatigue exist. Typically, management strategies recommended by health care providers include napping, eating a well-balanced diet, engaging in exercise, and making use of practical and social support (McQueen & Mander, 2003; Parks, Lenz, & Milligan, 1999; Taylor & Johnson, 2010). Studies on the effectiveness of such strategies are scarce, with only two randomized controlled trials conducted to date. In one study of 68 mothers with 2-week old infants, the Tiredness Management Guide was evaluated (Troy & Dalgas-Pelish, 2003). Over a 4-week intervention period, mothers were encouraged to try techniques such as nap when their infants were asleep, ask for help,

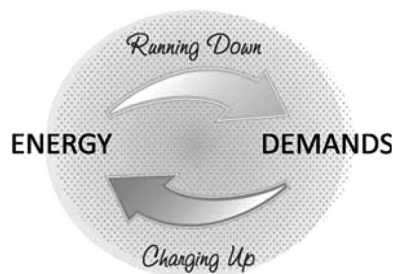


Figure 1. A model of the relationship between energy and daily demands. From Giallo, R., Cooklin, A., Rose, N., & Cann, W. (2010). *Wide awake parenting: Managing fatigue and exhaustion*. Melbourne, Victoria, Australia: Parenting Research Centre. Reprinted with permission of the Parenting Research Centre.

organize their days, and incorporate time for rest whenever they felt tired. The self-directed intervention was associated with reduced morning fatigue at 4-weeks postpartum. However, compared to the control group, the intervention did not significantly reduce fatigue from 2- to 6-weeks postpartum. The lack of significant findings may have been due to the self-directed nature of the intervention, which relied on participants to use the resource without any professional support.

In an earlier study, Thome and Alder (1999) investigated a health professional (e.g., nurse) telephone-directed intervention to reduce fatigue in a sample of 78 mothers of infants (aged 0 – 6 months) with crying, feeding, and sleep problems. The intervention provided information and advice about fatigue, maternal health problems, and infant behavioral problems. Participation in the 2-month intervention was significantly associated with reduced fatigue from pre- to postintervention, whereas the control group had an increase in fatigue symptoms over time. These findings suggest that an intervention delivered by a health professional may be more effective than a self-directed program.

Building on these previous studies, Wide Awake Parenting (WAP), a psychoeducational intervention for parents in the first postnatal year, was developed (Giallo, Cooklin, Rose, & Cann, 2010; Giallo et al., 2012). This intervention was informed by research about factors associated with maternal fatigue including inadequate social support, poor diet, poor sleep quality, and ineffective coping styles, including self-blame and behavior disengagement (Cooklin et al., 2011; Taylor & Johnson, 2010). Drawing upon the energy con-

Fatigue is nearly universally experienced by parents in the postnatal period, yet few evidence-based interventions for fatigue exist.

servation and restoration model depicted in Figure 1, strategies for “running down” or using energy more efficiently and replenishing and “charging up energy” are offered. These include engaging in self-care behaviors, reducing daily demands, improving the quality of diet and exercise, engaging in a healthy sleep routine, promoting realistic parenting expectations, and improving social support and help-seeking behavior. An outline of the WAP content and structure is provided in Table 1.

Grounded in cognitive-behavior-oriented theories such as the model of health beliefs, theory of reasoned action and planned behavior (Ajzen, 1991; Latham & Locke, 1991; Rosenstock, Strecher, & Marshall, 1988), parents are encouraged to set goals, plan for and implement strategies, and problem solve barriers for saving and charging up energy. The program is designed for flexible delivery including written information only or written information with face-to-face or telephone support from a health professional.

A pilot evaluation of WAP delivered in the form of a 90-minute workshop was conducted with 49 parents attending a residential program (3–4 day, in-patient clinic stay) with their children (age 0 – 4 years) for support with sleep and settling difficulties (Giallo et al., 2012). Parents reported high satisfaction with the WAP program content and structure, and the program was associated with an increase in perceived importance, self-efficacy, and intention to engage in self-care behaviors to manage fatigue. Upon establishing social validity of the intervention, the next step was to conduct a rigorous randomized control trial of professionally-led telephone support and self-directed written modes of delivery.

The purpose of this trial was to test the efficacy of the WAP professionally-led telephone support and self-directed written interventions for use in a community sample of parents with infants age 0 to 7 months. These two modes of delivery were compared to evaluate whether intervention efficacy would be strengthened by additional professional support throughout delivery, or whether provision of resources only was sufficient. Full details of the trial protocol, the intervention

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