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Applications of and Barriers to Holistic Self-Care in a Low-Income, High-Risk Obstetric Population

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A B S T R A C T

Objective: We examined 1) women's perceptions regarding self-care, 2) applications of self-care, and 3) barriers to practicing effective self-care.
Methods: Four focus groups were conducted in a low-income, pregnant population. Focus group recruitment and discussions took place at a large medical center in a medically underserved area of central Georgia. Thirty-two adult pregnant women attending a high-risk obstetric clinic were included. Data related to holistic self-care were identified and grouped into one of three categories: women's valuations of self-care, applications of self-care, and barriers to self-care. The results were synthesized and compared to results from a study of postpartum women in which the same analytic framework for examining self-care practice was applied.
Results: Although women tended to understand the importance of self-care, they had difficulty practicing all forms of self-care on a regular basis owing to financial constraints, limited family support, health complications due to their high-risk obstetric status, external commitments, and childcare and household responsibilities. Applications of self-care were typically inexpensive and mainly required time rather than money.
Conclusions: Socioeconomic status seems to influence the specific applications of and barriers to self-care. Health care providers should be aware of existing low-cost resources in the community that may assist prospective and new mothers in tending to their own emotional and physical needs. Providers should also discuss the importance of self-care with women during the perinatal period. Efforts should be made to educate school administrators regarding the impact of spontaneous requests for money for school activities, supplies, and field trips on the family budget.

Pregnancy and the postpartum are periods of significant transition that affect almost every aspect of women's lives (Fahey & Shenassa, 2013). Women must adjust to the physiological changes associated with pregnancy and childbirth in addition to multiple psychosocial changes that occur with adapting to the maternal role (Mercer, 1985, 2004), integrating infant care responsibilities into existing responsibilities (Barkin, Wisner, Bromberger, Beach, & Wisniewski, 2010a), and caring emotionally and physically for the infant and potentially other family members (Fahey & Shenassa, 2013). Balancing these roles and responsibilities in new motherhood is demanding and often leads to postpartum fatigue and exhaustion (McQueen & Mander, 2003; Runquist, 2007), which may persist into the second year after childbirth (Parks, Lenz, Milligan, & Han, 1999). New mothers may also struggle with issues related to physical health, mental health, and self-esteem well into the first year postpartum (Mercer, 1985). Despite this, currently, in the United States, there are only one to two routine 6-week postpartum check-ups that consist of a physical examination and family planning counseling; however, information regarding women's

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emotional well-being and the resumption of daily activities is usually not a primary focus (Cheng, Fowles, & Walker, 2006). During the postpartum, U.S. health care providers tend to shift their focus more toward the infant's health and away from the mother's health (Walker & Wilging, 2000). Similarly, many new mothers redirect their time and energy toward their infant as well as other family members, failing to prioritize their own needs (Fahey & Shenassa, 2013). All of these factors combined make the postpartum period a vulnerable time for new mothers that is associated with compromised self-care (Tulman, Fawcett, Groblewski, & Silverman, 1990; Walker & Wilging, 2000).

Maternal self-care, in a holistic sense, was broadly defined in Barkin et al.'s focus group study of new mothers (2010a, b) as a mother's ability and willingness to take care of herself both physically and emotionally, while concurrently caring for her child. Practical applications of self-care include proper nourishment, taking time out for one's self when necessary, attention to hygiene and physical appearance, willingness to delegate, and the ability to set boundaries. Although women in the focus group study identified self-care as essential to optimal maternal functioning, they admittedly struggled to care for themselves and their children owing to strained resources and feelings of guilt. A new mother in the study described, "I get such guilt about taking time … taking time for myself. I think, am I in this tub for too long? Do I need to get out and go see what's going on?" (Barkin et al., 2010a). Although self-care in motherhood has attracted inadequate attention in the literature, Nichols, Gringle, and Pulliam (2015) had a similar primary finding in their study of 16 Black women. Women in this study experienced a tension between expectations for strong, black mothers, including self-sacrifice, and the concept of self-care as defined by "healthism."

Compromised maternal self-care has implications for mothers and the family unit as a whole. In addition to anxiety and fatigue, decreased maternal self-care in the postpartum has been associated with an increased risk of physical and mental illness, including postpartum depression (Beck, 2001; Corwin, Brownstead, Barton, Heckard, & Morin, 2005). New mothers who neglect their own needs may also develop or resume the practice of unhealthy behaviors, such as smoking, inactivity, and a poor diet (Walker & Wilging, 2000). Compromised maternal health in the postpartum is in turn associated with poor health outcomes for the infant and family, such as early breastfeeding discontinuation, negative maternal perception of her infant, compromised maternal–child attachment, decreased childhood immunizations, and increased child behavioral problems (Kahn, Zuckerman, Bauchner, Homer, & Wise, 2002; Minkovitz et al., 2005; Cheng et al., 2006). New mothers in Barkin et al.'s focus group study (2010a, b) repeatedly verbalized the connection between their health and the health of their offspring (Barkin & Wisner, 2013). Results from this study indicate that, even as mothers could often verbalize the value in attending to their physical and mental health, setting boundaries, and delegating childcare (all acts of self care), they often struggled to operationalize these notions (Barkin & Wisner, 2013). This ideology was accompanied by some contradictory thinking that indicated the perceived necessity for extreme selflessness in the context of motherhood (Barkin & Wisner, 2013).

Discourse between patient and provider regarding the relevance of self-care practice during pregnancy may facilitate awareness in advance of childbirth. Further, learning how to practice and prioritize self-care during pregnancy may encourage women to continue caring for their needs into the postpartum period, even when stressors and fatigue persist. Among pregnant women, high-risk obstetric (HROB) patients are a vulnerable population. In addition to the challenges of pregnancy and childbirth, they must also contend with health conditions due to existing medical problems (e.g., hypertension, diabetes, and obesity), maternal or fetal complications that arise during the pregnancy (e.g., gestational diabetes and rhesus sensitization), or terms of the pregnancy (e.g., fetal chromosomal abnormalities owing to advanced maternal age; Mayo Clinic, 2015; National Institutes of Health, 2013). Although these conditions can compound to adversely affect HROB patients' physical, mental, and emotional health, effective self-care may be a mitigating factor.

The primary aim of the present study was to explore holistic self-care practice in a medically underserved HROB (pregnant) patient population at a major medical center in central Georgia. Studies show that self-care behaviors have the potential to enhance quality of life, while decreasing health care use (Edwardson & Dean, 1999; Lorig, Mazonson, & Holman, 1993). Despite the wide body of literature regarding self-care practices in general, there is limited research on holistic self-care, encompassing both physical and emotional aspects, during the gestation and postpartum periods. The analytic framework used in Barkin and Wisner's (2013) article was applied to this disadvantaged group of women to elucidate 1) women's valuations of self-care, 2) applications of self-care, and 3) barriers to practicing effective self-care. Understanding current self-care practice among high-risk patients is an essential first step toward patient and provider awareness.

Methods

Recruitment

Eligible women were 1) at least 18 years old, 2) English speaking, 3) currently pregnant, and 4) attending the HROB clinic at a large medical center in central Georgia. Subsequent to attainment of institutional review board approval from the Medical Center of Central Georgia and Mercer University, the scheduling receptionist approached eligible women and queried them for their interest in the study, constituting a convenience sample. Interested women provided informed consent and were scheduled to attend one of four focus groups, constituting a one-time, 1- to 2-hour commitment per participant. The focus groups were held within walking distance of the clinic for the participants' convenience in March ($n = 6$), April ($n = 6$), June ($n = 11$), and December ($n = 9$) of 2014. Women who completed the study were compensated with grocery store gift cards.

Participants

The results of the demographic survey (Table 1) revealed a mean participant age of 29 years. On average, the women had two other children (not including the unborn child) living with them and under their care; the number of children among the study participants ranged from 0 to 9. Seven women (22%) were pregnant with no other children. Participants' households contained two adults on average. Most participants were Black (66%), non-Hispanic (97%), and unmarried (69%). Employment status was somewhat evenly distributed across response choices with "unemployed" being the most frequently endorsed (34%) followed by "stay-at-home mom" (25%). Most participants possessed a high school degree or less (66%) and were not using a daycare service (94%). Economic indicators revealed that 1) 58%