

that's what friends are for

a guide to understanding and supporting the bedresting mother and her family

by Candace Hurley, Executive Director of Sidelines National Support Network

You are reading this article because a woman you care about – a family member or close friend – has been advised by her physician to bedrest for an extended time or perhaps even for the remainder of her pregnancy. She is about to embark on a task that may be one of the most difficult things she has ever faced, demanding that she behave like a critically ill patient, when she may feel perfectly well. All her romantic notions of pregnancy have been replaced with fear and the daily struggle for her baby's health.

This is also a family issue. Fathers can be so overlooked, and feel so overwhelmed. Her other children may be confused, frightened, and resentful.

For so many reasons, emotional support can be equally important as medical support to the woman on bedrest and her family. This article is designed to educate you about pregnancy complications and the bedrest experience, and guide you to help provide the best possible support for this family in crisis.

why is bedrest prescribed?

Not all physicians believe in prescribing bedrest. There are studies which suggest that in some situations bedrest doesn't make a difference in the eventual outcome of the high-risk pregnancy. Other physicians feel that in certain pregnancies bedrest may be necessary and

even critical in achieving a longer gestation. Sometimes bedrest can be prescribed as a precaution – the physician feeling that it is better to be safe, than sorry. In my experience, physicians do not prescribe bedrest or medication in a cavalier way. They understand the toll bedresting takes on a woman and her family and prescribe it only when they absolutely feel it will benefit the baby, the mother, or both.

Some of the major risk factors which may require bedrest:

- Previous preterm labor or delivery
- Premature Rupture of Membranes (PROM)
- Second-trimester pregnancy loss
- Multiple miscarriage
- Multiple pregnancies: twins, triplets, etc.
- Cervical change





- Incompetent cervix (may require cerclage stitch), or previous cervical surgery
- Excessive uterine contractions at less than 33 weeks of pregnancy
- Serious infection in current pregnancy
- Excessive amount (polyhydramnios) or not enough amniotic fluid (oligohydramnios)
- Unexplained vaginal bleeding after 20 weeks of pregnancy
- Small for gestational age (SGA or IUGR)

Other pregnancy factors which increase the risk of preterm labor and/or need for bedrest:

- Gestational diabetes
- Hyperemesis (uncontrollable vomiting)
- Placental Abruptio or Placenta Previa
- Preeclampsia (A.K.A. “toxemia”, pregnancy induced hypertension)

- Other health problems prior to pregnancy, i.e. kidney disease, lupus, diabetes
- Under 19 or over 34 years old
- Underweight or overweight
- History of bladder infections
- Abnormally shaped uterus
- Substance abuse

There is also a large population of women who experience preterm labor and complications due to undetermined causes. Whatever the cause, the result is a dangerous situation for a developing baby. Bedrest and/or medication may be required to give this baby the best possible chance of a good outcome.

kinds of treatments

What kinds of treatments are available for my family member or friend, and why should I educate myself about these options?

Bedrest: There are various degrees of allowable activity a

physician may prescribe for the patient. Bedrest treatment can range from “complete”, (bedpan and no activity), to “moderate” (bathroom privileges only) and extremely limited activity, to “limited activity”, (two to three hours in bed during the day with light physical activity or sitting). (Please see *Sidelines’ Bedrest Checklist* in this magazine for a complete list).

If her preterm labor contractions or other complications cannot be controlled at home, hospitalization may be the only option. The hospital bed may be positioned in the “Trendelenberg” position (hips higher than her head). It is sometimes recommended with bedrest that the patient lie on her left side to increase circulation to the baby.

Medication, treatments, and technologies: Certain medications known as “tocolytic” agents have been proven to be effective in decreasing preterm labor contractions by acting directly on the uterus. The most widely used

medication is terbutaline (AKA brethine). Terbutaline may be given in oral form, or with an infusion pump therapy system. The side effects may include breathlessness and a jittery feeling. In my case, I described it as having had five cups of coffee. (Patients often report noticeably less side effects with the pump). These side effects usually lessen as her body adjusts to the medication. Each time the dosage increases, so do the side effects.

Other medications for various conditions include heparin, Indocin, Nifedipine, Procardia, insulin, steroids, antibiotics, Indomethacin, Reglan, and Zofran. Now is not the time to tell a woman how lucky she is to “be able to lay in bed all day.” More likely she is feeling as though she needs to be peeled off of the ceiling! Staying in bed is hard work and requires a great deal of discipline.

Another medication given intravenously, (in a Labor and Delivery Room at the hospital), is magnesium sulfate. This drug is used when the woman’s contractions have not responded to other medications.

Although some women only report feeling increased warmth, others may report symptoms from this drug best described as “the world’s biggest hot flash.” Everyone experiences it differently and she may also experience blurred vision, diarrhea and other side effects so she will be monitored very carefully.

A fan blowing directly on her face may make her more comfortable. Luckily for the baby, it has been shown to cause him or her to go to sleep. There is also evidence that, along with extending the pregnancy, magnesium sulfate may help to prevent “brain bleeds,”

a devastating problem common in very premature babies. Many times the woman is able to be weaned back to the other medications once her contractions have been controlled.

Homecare is a wonderful option for women who need specialized care but whose condition is not critical enough to warrant hospitalization. Women usually report that they would much prefer to stay in the comfort of their own homes. This is a far less costly option as well.

For women with preterm labor many physicians will prescribe home uterine activity monitoring. Women using uterine monitors are in daily or twice daily contact with specialized perinatal nurses who can either reassure the patient that she is doing fine, or else can instruct her to increase her medication or alert her physician in the case that her contractions have dramatically increased.

There are a variety of home-care treatments available including terbutaline pump infusion therapy, treatments for diabetes, hyperemesis, and other medical conditions.

Another test available to identify women at risk of preterm

days. Amniocentesis may be performed to determine if the baby’s lungs are mature, or if steroid treatment may be administered if delivery is imminent.

As you can see, treating a woman with an “at-risk” pregnancy is a complicated, highly technical, and ever-changing situation. At the same time a woman is contemplating all the decisions she and her doctor will make together, the rest of her life is likely falling apart. Her other children, her job, the baby’s father, her responsibilities...it will, without a doubt, be one of the most frustrating and terrifying and most powerless time of her life. But you, dear friend, can make all the difference.

And why should you know about the treatments and options just described? Because an educated friend is one who won’t make assumptions or say things you’ll regret later like “You should be glad you’re getting all this rest now!”

don’t help her cheat

We’ve all been told stories about a 12-year-old genius entering college who was only two pounds at birth. If you heard it on Oprah, chances are it doesn’t happen often! If a woman is less than 24 weeks pregnant the baby will very often not survive.

The predominant reason for devastating birth defects such as mental retardation, blindness, hearing loss, cerebral palsy, etc. is one thing – *prematurity*. This fact has led the National March of Dimes to dedicate the next five years to the prevention of prematurity. They have chosen Sidelines

as their first (and at this writing, only) consumer based support group Alliance Member.

The question as to why a woman needs to continue bedrest actually becomes more difficult for

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labor is Fetal Fibronectin (fFn). A positive test acts as an early warning and helps identify women at risk for preterm delivery, while a negative test indicates that it is unlikely delivery will occur in the next 7-14

her as the baby's due date becomes closer.

If a woman is 33 weeks pregnant and is told that her baby is estimated to weigh four pounds, she may feel it's acceptable to cheat a little at this time. It may also be a time when the baby's father or the woman's caretaker may subconsciously or consciously encourage this behavior – "just this once, it won't hurt anything for her to fix and meal and give me a break!"

But a baby born at 33 weeks, (7 weeks early), can have a myriad of problems. Even if a 33 "weeker" is relatively healthy, the baby may be unable to go home from the hospital with the mother, can have great difficulty with nursing, and can be quite "fragile" for some time.

Remember, there are no guarantees at any stage, and the goal is for her to come as close as she can to term to allow for the healthiest possible outcome. This is the time for you to encourage her to stick to her physician's orders and make every day another precious victory for her developing baby.

the emotional aspects of a complicated pregnancy

When you consider how life-altering a healthy full-term infant is to a family, having to visit her baby in the neonatal ICU or bring home a sick, premature infant can be overwhelming. Therefore, as a caring family member or friend, your most important role is that of "cheerleader." Praise her for her tenacity and courage. Tell her how proud you are of her for "hanging in there." How important and vital her role is in ensuring the baby's health.

Try not to judge her harshly if she's blue or upset or angry. Pregnancy is known to alter a woman's mood; a pregnancy wrought with complications will intensify it and make her moods even more unpredictable.

Depression during a complicated pregnancy is more common than the better known post partum depression.

Remember the baby's father in your encouragement. He is not experiencing the physical symptoms that the mother is, but his emotional symptoms may be as intense, and in some cases, more intense. He is feeling pressure to be all supportive-financially, emotionally, and taking on all aspects of the expectant mother's life. He may be subjected to her tears, rage, fears, all the while needing and attempting to remain calm and rational. He may have enormous fear for the health of both the mother and baby yet feel

compelled to not express those feelings so as to not upset her. Many men compensate by working longer hours, leaving the woman feeling more alone and isolated.

If the baby's father is not involved, the woman's caretaker will encounter much of the same pressures a partner would, (which may include raising her other children), and will also need consideration and caring from family and friends.

how you can help

Following is a brief list of ideas to help a bedresting mom and her family. Hopefully, it will be a beginning for you, and you'll be able to come up with even more ideas that



you can tailor to your particular friend and situation.

- Meals on Wheels – once a week, the family can depend on a nice meal from you. Organize with friends so that it can be more often if possible. (It's best to have one person organize it so as not to repeat three lasagnas!) This was the favorite gift I received in my 24 weeks of bedresting.
- Sit with her one evening while someone else takes the father out to a sporting event, concert, movie, etc. Don't leave her alone – she already spends too much time by herself.
- Don't bring your young children with you. Too much activity is stressful for a woman with preterm labor contractions or other complications. For those in a first pregnancy, seeing other's children may be depressing, as she may not yet "see the light at the end of the tunnel."
- Bring over the latest video or DVD (nothing too exciting) and popcorn.
- Bring games like Trivial Pursuit, Scrabble, etc.
- Be aware that even talking can bring on too much uterine activity, limit your visit.
- Do a load of laundry, water her plants, walk the dog, etc. while you visit.
- Help her shop for birthdays, Christmas, Hanukkah – then come over for a wrapping day.
- Loan her your – or rent her a laptop computer. She can chat with other Sideline moms or receive support via email.
- Offer to clean her house every other week
- Organize with other friends to do the grocery shopping.
- Baby-sit her other children at



your house for a few hours while the couple has a "date" at home.

- Make a trip to the library for new books including "Books on Tape" and educational videos, or kids' videos.
- If she has little ones, childproof her designated bedrest area and turn it into one big "playpen." Provide a small refrigerator or ice chest and put in bottles, juice boxes, yogurt cups, cheese sticks, fruit- snacks for both her and

her toddler that will be in easy reach.

- Go through your children's toys and designate loaner toys for her child – some new and intriguing toy for her active toddler can make her day much easier!
- Bring over catalogs for mail order – everything from baby things to clothes for her.
- Wash her hair, give her a massage, manicure, pedicure, and shave her legs.

- Bring fresh flowers or a scented candle.
- Call her with a new joke. (A sense of humor is extremely important in the scheme of things!)
- Drive her to her doctor's appointment and go into the examining room with her. An extra "ear" is very important at these appointments as the

her miss this time in her other children's lives.

- Offer financial help if possible.

The "ideal" support person for the woman on bedrest:

- Respects her style, wishes, and feelings.
- Encourages and praises her compliance with her treatment program.

- Is tuned into a woman's mood, and is not overly sensitive or easily offended.
- Can follow clues from the woman or family member as to whether or not they want to talk about their fears.

and finally...

Your family member or friend is already luckier than many. Her pregnancy complications have been identified and she is receiving the necessary treatment to prevent a preterm delivery. Secondly, she has you – a person who has cared enough to learn all you can about her complicated pregnancy and treatment. Many of you have never experienced anything like this and can only imagine the emotional and physical trials it places on a woman and her family. You are now joining a team dedicated to ensuring that this pregnancy continues to term. There is no greater gift than the acknowledgement that you helped increase the chance for a newborn's survival and quality of life. ■

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stressed out mom may be just too upset to listen well.

- Cook meals at your home before you come over. It may cause her extra anxiety explaining where everything is and how it works in her kitchen, and she may be sensitive to the fact that it is not as clean or well ordered as she would have it if she were not on bedrest.
- If she is hospitalized, arrange to help out including bringing in food (if her diet allows). Don't assume that the hospital staff is attending to her more personal needs, a massage or shaving her legs may give her a whole new outlook. The hospital can be frightening and depressing, especially if she has little ones at home she is missing, and she may need your support now more than ever. Knowing that her family is still being looked after and supported by a close family member or friend can make all the difference.
- Take her other children to the "pumpkin patch" or to talk to Santa and take pictures of them- she'll thank you for not letting

- Understands the need for an individual's and couple's need for private time.
- Is optimistic without having unrealistic expectations.
- Acknowledges the extreme difficulty and importance of her treatment.

