

Living Through Hospital Bedrest

By Leslie Cutler

As mothers-to-be, most women imagine a picture perfect pregnancy-- mild or no morning sickness in the first weeks, and within the fourth month, the soft kicking of new life within. Along with the growing, telltale tummy of an expectant mother, comes the choosing of a name, decorating a nursery, buying baby clothes, and baby showers in honor of the mommy-to-be and the impending "arrival". The dream of an uncomplicated labor and childbirth, then holding a newborn baby, come to mind. After a short hospital stay, excited parents bring home a new family member to be loved and cherished for a lifetime.

Sometimes, this enchanting vision is lost when pregnancy complications arise. Sometimes, not only is the dream shattered; for a time, life is altered beyond what any mother-to-be can imagine. Not only is she placed on bedrest; her pregnancy risk has become great enough that her physician deems it necessary for her to complete that bedrest in the hospital. After overcoming the initial shock, anxiety, and disbelief that something so life altering is happening to her, this woman is faced with days, sometimes weeks, of hospital confinement, in some cases for the rest of the pregnancy! At this point, how the time remaining in such a pregnancy is spent can greatly affect her mood and anxiety.

So how does the hospitalized expectant mother deal with the complexities faced with her situation?

Here are a few suggestions, which are based on the experiences of several Sidelines volunteers (including the author) and how they managed their hospital bedrest. Just a few pointers.

1. If you have children, talk with your partner and family about their care. ". . . maintain their schedules as much as possible. Ask friends to transport them to scheduled activities. Get child care help, particularly for young children." 1 Do you live near parents or family members who are able to assist you with day care? If not, do you have any close friends who would be able to help you with your children, at least until other arrangements could be made?
2. If you have children, find out your hospital's policy regarding family visits. If children are permitted, make arrangements for them to visit often. This not only helps them with the adjustment of you being away, it helps lift your spirits too.
3. Since you can't be home, bring some of home to where you are! Have someone bring items from your home to spruce up your room-pictures of your family and other children, posters, stuffed animals& . well, you get the idea!
4. Hospital bedrest is stressful enough for you and your partner without the added strain of financial pressure. "Get household finances in order. If your partner can no longer work and finances are strained, work with creditors before you miss any payments."1

5. Establish a routine- schedule yourself a wake up time, a grooming routine, time for writing letters, making telephone calls to friends, reading books, working on your favorite hobbies, and perhaps watching a favorite TV show. It's also a good idea to reserve time in the afternoon for visitors. Try to coordinate your daily activities with the schedule of your nursing unit.
6. Try not to let yourself be overrun by television. Be selective of the shows you watch. The moods set by much of what is available for your viewing are less than the positive and upbeat influence needed at this time.
7. Write your feelings down in a journal, diary, or notebook. The power of the pen sometimes not only rests in the words that are written; seeing your thoughts on paper may help you clarify your feelings. In addition, write down questions to ask your doctor the next time he/she visits you that you might have otherwise forgotten.
8. Perhaps you were one of the lucky few to be admitted to "a room with a view"-- not just a blank wall or the next hospital tower-one with a more panoramic vista! If not, make arrangements with your doctor or nurses to be moved into such a room when space permits. If this is impossible, check with your doctor to see if you might be able to be taken outside for a few minutes on a fair weather day.
9. When your family is not present, are you the type of person who would enjoy the companionship of a roommate or would you prefer to be alone? Accommodations may be able to be made according to your preference, so check with your nurse. Upon discussing this issue in daily rounds, your nursing staff may be able to find someone who might be compatible with you, that might also be helped by sharing this experience. On the other hand, you might be able to arrange for a private room, if you would be more comfortable. Both of these are dependent also on the census (number of patients) in your hospital's high-risk pregnancy unit. If the census is high, you might have to make the best of sharing a room!
10. Use the time available to work on projects you've been too busy to complete. Read your favorite novels, or have your family bring in books you've wanted to read but haven't had the chance. If you are being administered tocolytic drugs that make reading difficult or impossible, have your partner or family check with the local library for books on tape. Also, needlework, artwork, creative writing, or other forms of self expression that you have denied yourself in the past may now help prevent boredom and depression.
11. Strive for variation in your meals. Most hospital menus repeat in one- or two- week cycles. If your hospital cafeteria allows, ask in advance for different fare. Hamburger not on the daily menu? Write it in! Better yet, if your doctor permits, ask friends and family to bring in your favorite foods from time to time.
12. Some hospitals allow "mini-fridges" in rooms and even have them available for use. Check to see if the is the case at your facility. Keep your favorite fresh foods handy for a healthy snack. If this is not an option, your nursing staff may have fresh fruit available for you at your request.
13. You may be especially prone to more depression and boredom on the weekends. While many of the people you know are spending their time off of work doing recreational activities with their families, you are in a small room, and if your situation dictates, not

even able to leave your bed! Discuss this with your family and friends- maybe they can spend some time with you visiting, playing games, and including you in their schedule.

14. Lastly, work with your doctor(s) and nurses. Your job is difficult-compliance to your medical regimen, even though you might be uncomfortable, bored, and depressed! You often feel powerless as the patient. But you are an integral part of a team! In the management of a pregnancy complicated enough to require hospital bedrest, you and your baby are at the center of your care. Ask questions so you can be informed regarding the treatment you are receiving and, when required, make the best decisions regarding yourself and your unborn child. Keep in mind the physician's responsibility is the best outcome for the baby, while keeping the mother healthy also. To quote a maternal-fetal medicine specialist, "In perinatology our goal is to treat the fetus," he says, "but what makes it unique is that we often treat the baby through the mother. The mother becomes incidental to treating the patient."² Isn't it also your goal, to have the best outcome for your baby regardless of the difficulties you may face?

Hospital bedrest, in any situation, is trying and stressful on you, your husband or partner and children, and your extended family and friends. Instead of letting yourself become dejected at the thought of a long term hospital stay, try to revel in the privilege of being pregnant for yet another day, getting closer each day to a healthier infant. Even though you are left on the Sidelines, you're the one who matters most to your unborn baby!

Assistance/Contributions from the following Sidelines Volunteers: Gina Caliendo, Jackie Castellano, Annie Douglas, Martha Keiser, Christine Lemely, Lauren Paul, Libby Starnes, and Lesa West.

1. Gibbons Paul, Lauren, "Go Directly to Bed& Do Not Pass Go: Why Bedrest is Prescribed in Some Pregnancies and How Moms-To-Be Cope", The Boston Parents Paper, May 1997, pp. 24-26.
2. Lipshitz, Jeffrey, in an article written by Sharon C. Chayra, "Top Docs: Five Specialists Who Are Truly Special", Las Vegas Life, February 1999, pp. 47-49.

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