

Effectiveness of nonpharmacological interventions for reducing postpartum fatigue: a meta-analysis

Fatigue is the most common symptom mothers experience after they give birth, and this can impact the newborn as the mother may neglect the child if she cannot care for them properly due to exhaustion. At the crisis nursery, the non-for-profit can help these mothers and their offspring by offering temporary assistance until the mother can properly care for her child. This assistance offers shelter, wipes, formula, food, clothing, a nurturing faculty, and care at no cost to the parent. The crisis nursery also offers education, cognitive behavioral therapy, and support groups for mothers with postpartum depression (Qian et al., 2021).

Postpartum fatigue may manifest differently, but the mother may experience exhaustion and mental and physical performance impairment. Psychoeducational intervention conducted at home visits, home calls, and booklets that discuss relaxation techniques, sleep health, and nutrition have significantly decreased postpartum fatigue and depression. Exercise therapy may also cause a significant decrease in depression and fatigue. These therapies include taking warm showers, breathing lavender oil aroma, and skin-to-skin contact between the mother and the infant (Qian et al., 2021).

Techniques such as education and exercise therapy are essential to provide in a crisis nursery. These interventions can decrease postpartum depression and fatigue to care for the mother's child while feeling mentally healthy.

Health and adverse childhood experiences among homeless youth

There are many homeless children, and the trauma for these children may cause long-term effects. Adverse Childhood Experiences (ACEs) are effects of homelessness, and over 45% of children have experienced these effects. Homeless youth are more likely to experience mental health problems that lead to suicide, decreased overall health, obesity, chronic conditions, and less likely to be employed. The crisis nursery prevents these experiences by providing shelter, food, and clothing for these children when parents will not care for these children. Children with housing are less likely to have physical and mental health issues, such as diabetes, heart disease, depression, and chronic obstructive pulmonary disease. Homeless children do not have access to healthcare to prevent and treat conditions, instead of children with a home who have access to more resources. Homeless children with no family are 20.9% likely to have a chronic condition, whereas children with a home and a family have a 4.8% chance of having a chronic health issue. Crisis nurseries provide a shelter to protect homeless youth who have faced adversity from disasters, humanitarian crises, unsafe housing, and immigration policies (Barnes et al., 2021).

Crisis nurseries are essential to prevent homeless youth from experiencing these long- and short-term effects when they do not have a family to care for them.

References

Barnes, A., Gower, A., Sajady, M., & Lingras, K. (2021, April 7). Health and adverse childhood experiences among homeless youth. *BMC Pediatrics*, 164, 21. <https://doi.org/10.1186/s12887-021-02620-4>

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